

British Safety Council Special Consideration Application Form



Before completing this application form, you should read the Special Consideration Policy.
The form should be sent to Head of Qualifications, British Safety Council, 70 Chancellors Road,
London W6 9RS or by fax to 0208 741 5907

SECTION 1 - CONTACT DETAILS

First name _____
Last name _____
Date of birth _____
Address _____

Daytime telephone number _____

SECTION 2 - SPECIAL CONSIDERATION REQUEST

Qualification _____

Assessment date _____
Please give details about the circumstances that led to this application for special consideration

Please continue on a separate sheet if necessary.
Evidence to support the need for special consideration. Please list the documents you are providing.

SECTION 2 - SPECIAL CONSIDERATION REQUEST (continued)

Does the application relate to an incident at the examination venue?
Yes No

Was the invigilator informed about your concern(s)?
Yes No

If yes, please give details of what was said.

SECTION 3 - DECLARATION

We will process your data in accordance with the principles of the UK Data Protection Act (1998).

I confirm that by completing and submitting this form I

- give consent to the processing of this data;
- have read and understand the British Safety Council Special Consideration Policy;
- have supplied information which to the best of my knowledge is correct.

Signature _____
Date _____

OFFICE USE ONLY

Date form received _____
Has the candidate attached evidence? Yes/No _____
Special consideration approved Yes/No _____
Candidate advised Date _____