

Special Consideration Application Form

Before completing this form you should read the relevant Special Consideration policy. If you have any queries please contact Student Support Services on +44 (0)1227 829499 or email enquiries@libf.ac.uk. **You must return the completed form together with the supporting evidence within 5 working days.** Please note that incomplete application forms may not be accepted.

SECTION 1 – CONTACT DETAILS

LIBF number _____ Title (Mr/Mrs/Ms etc) _____
First name(s) / Given name(s) _____
Last name / Family name _____
Date of birth _____ Gender Male Female
Telephone no. _____ Mobile no. (if different from Telephone no.) _____
Preferred email address _____

SECTION 2 – SPECIAL CONSIDERATION APPLICATION

Qualification name: _____
Assessment name: _____
Assessment date: _____

Does this application relate to an incident at the assessment venue? Yes No
Was the invigilator informed about your concern(s)? Yes No
Does this application relate to health / personal circumstances Yes No

Please provide full details about the circumstances that led to this application, including dates and times relevant to your studies.
Continue on a separate sheet if necessary.

SECTION 3 : EVIDENCE

Please confirm what evidence you are providing to support your claim. If evidence is to follow please explain why:

Medical appointment / Health certificate

Death Certificate

Letter (on headed paper) of support / explanation from a Line Manager / HR at place of employment.

Letter from GP / Medical practitioner, relevant to the circumstances of your application.

Other (please state): _____

Would you like The London Institute of Banking & Finance to return the enclosed documents? Yes No

If your application is successful what would be your preferred outcome?

SECTION 4 - DECLARATION

We will process your data in accordance with the principles of the UK Data Protection Act (1998). By supplying your telephone number and email details you are giving your consent for us to contact you in any of these ways in connection with this request.

- I confirm that by completing and submitting this form I give consent to the processing of this data.
- I confirm that I have read the Special Consideration policy and understand it.
- Supporting certified evidence is included with form. Further guidance on acceptable evidence can be found within the Special Consideration policy.
- I confirm that to the best of my knowledge all the information that I have given is correct.

Signature _____ Date _____

If you have any queries whilst completing this form please contact Customer and Student Support team on +44(0)1227 829499 or email enquiries@libf.ac.uk.

Please submit your completed application form together with your supporting evidence either via email to enquiries@libf.ac.uk or via post to:

Student Support Services
The London Institute of Banking & Finance
4 – 9 Burgate Lane
Canterbury
Kent CT1 2XJ
United Kingdom

INTERNAL USE ONLY: PROGRAMME MANAGER COMMENT
