



Welcome to Accelerate

Classification: Public

Special Considerations Form

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| **Version History** |
| **Version**  | **Date Amended** | **Changes Made** |
| 1 | Oct 2020 | Document created |
| 1.1 | July 2021 | Added in document history |
| 2 | Jan 2023 | Amended in line with updated Reasonable Adjustments and Special Considerations Policy |
| 2.1 | Feb 2023 | Updated to include process for submission of Special Consideration request |
| 3 | Sept 2023 | Updated to include the changes made by IfATE   |
| 3.1 | Dec 2023 | Draft – Including table for providers to add specific information  |
| 4 | Sept 2024 | Annual review, added document classification and rebranding  |

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# Guidance on Completing the Form

To request a Special Consideration **the training provider** **must** complete the Special Consideration Form either within 5 working days of the assessment, or when circumstances requiring a special consideration have occurred, which can also be found on our website or via the ACE360 Knowledge Base.

This should be uploaded into the shared documents area on ACE360 with a follow up e:mail to compliance@accelerate-people.co.uk confirming submission of the request.

Requests for special considerations will not be accepted after the grading has been issued. Any requests outside of this timeframe may only be considered if they have completed an assessment where the results are available immediately.

We will acknowledge all requests and a decision will be communicated up to 5 working days after receipt of the request.

Before completion of this request, you **must** refer to the Accelerate People Reasonable Adjustments and Special Considerations Policy which contains all of the necessary information to complete the form. When completing the form please ensure all fields are fully completed.

Below is an overview of what information is required:

**Section 1:**

Include the training provider, learner, and apprenticeship standard.

**Section 2:**

Add a full description of the adverse circumstances affecting the learner’s performance in the assessment. Please list / detail what supporting evidence has been included.

**Section 3:**

The declaration section must be completed by the learner, and training provider to ensure the information is correct and they agree to the information being shared with Accelerate People.

# Section 1

|  |  |
| --- | --- |
| **Training Provider** |  |
| **Learner name** |  |
| **Unique Learner Number (ULN)** |  |
| **Apprenticeship Standard Number**  |   |
| **Apprenticeship Standard Title and Version**  |  |
| **Date of Assessment** |  |

# Section 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment Element** | **Type Requested þ (mandatory field)** | **Duration requested/ Paused****i.e 2 hours, 2 days, paused** | **Description of adverse circumstances affecting performance in assessment: (mandatory field)** | **Evidence Submitted in Support of Request (mandatory field)** |
| Synoptic project |  |  |  |  |
| Case study |  |  |  |  |
| Project **or**Work-based project **or** Project proposal **or**Project & Presentation |  |  |  |  |
| Knowledge unit tests |  |  |  |  |
| Technical test |  |  |  |  |
| Scenario demonstration & questioning |  |  |  |  |
| Presentation & questioning **or**Presentation & interview |  |  |  |  |
| Professional discussion (with or without an underlying portfolio) **or**Questioning **or**Interview |  |  |  |  |
| Simulated assessment |  |  |  |  |
| Practical assessment |  |  |  |  |
| Additional supporting evidence submitted: (Optional field) |  |

# Section 3

**Learner Confirmation:**

I confirm that the information provided is accurate and has been agreed with my employer. I agree to this data being shared with Accelerate People.

|  |  |
| --- | --- |
| **Learner Signature**  |   |
| **Name**  |    | **Date**  |   |

**Training Provider Confirmation:**

I confirm that the information provided is accurate. The special consideration is correct for the learner’s needs.

|  |  |
| --- | --- |
| **Signature**  |     |
| **Name**  |     | **Email**  |   |
| **Date**  |     | **Phone number**  |   |

**Please note if this form is not fully completed, it may delay the approval of the consideration.**

**Accelerate People use only:**

|  |
| --- |
| **For use by Accelerate People:** |
| **Date application received:** |  |
| **Special consideration agreed:** | **Approved** | **Not Approved** |
| **Action required:** |  |
| **Name:**  |  |
| **Signature:** |  |
| **Date:** |  |

