

P9 S4 Application to defer assessment(s) due to Extenuating Circumstances

The purpose of this form is to facilitate you in deferring an assessment on the basis of extenuating circumstances. **Please complete the application form in full from Section 1 to Section 4 inclusive.**

It is the responsibility of the learner to ensure that this form is submitted to Forus Training **prior** to the submission deadline.

PLEASE NOTE: Forus Training adheres to a strict deadline policy. Applications received after the submission deadline will not be accepted.

In the case of late submissions where an extension has not been granted prior to the submission deadline:

- a penalty fee of €100 must be paid to Forus Training or the learner's assessment will not be accepted and processed;
- the learner must complete a Late Submission of Assessment Application Form; and
- the certification process will be delayed until the next certification period – this is entirely at the discretion of the Head of Certification.

Section 1: Learner Declaration

I confirm that I have read and understood Sections 1, 2 and 3 of this Application Form and that the information given in this form is true and factually correct.

Print name:

Signed:

Date:

Your application will be considered, and a manager will get in touch with you regarding the decision whether compassionate consideration has been granted as **soon as possible and not later than five working days**. Decision is entirely at the discretion of the manager. This decision is final. Please note a copy of this processed form will be sent to your trainer to inform them of the outcome.

Section 2: Your Details

PLEASE USE BLOCK CAPITALS

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>	Phone Number:	<input type="text"/>
	<input type="text"/>	Mobile:	<input type="text"/>
	<input type="text"/>		
E-mail Address:	<input type="text"/>	Date:	<input type="text"/>

Section 3: Assessment Details

Course you are attending:	<input type="text"/>		
Assessment Type:	<input type="text"/>	Value (% of overall grade):	<input type="text"/>
Date of Deadline:	<input type="text"/>	Extension Required (days / weeks) :	<input type="text"/>
Trainer:	<input type="text"/>		

Section 4a: Please indicate the impact of these special circumstances on your assessment

Complete one, or both of the statements below:

Unable to attend Forus Training classes / examination / assessment / skills demonstration / other	from		to	
Capacity to complete project or assessment affected	from		to	

Section 4b: Nature of your extenuating circumstances.

Please describe the circumstances (use an additional page appended to this form if necessary). Please be specific as to the impact of these circumstances on your attendance or on the timely completion of your assessment. This information is confidential and will only be considered by the relevant trainer and approval Manager. **Appropriate original supporting evidence must be supplied if relevant.**

Section 4c: Please tick the box below which best describes your extenuating circumstance:

***Forus Training requires that evidence for certain circumstances must be provided and are indicated below.**

<input type="checkbox"/> Physical illness, injury, accident or hospitalisation	Appropriate original supporting evidence must be supplied by a registered medical professional.
<input type="checkbox"/> Family illness (Specify relationship)	Appropriate original supporting evidence may be supplied if available.
<input type="checkbox"/> Bereavement (Specify relationship)	Appropriate original supporting evidence may be supplied if available.
<input type="checkbox"/> Victim of crime	Appropriate original supporting evidence must be supplied by a member of An Garda Síochána, or use the previous option if the crime has resulted in serious personal or emotional circumstances.
<input type="checkbox"/> Other, please specify: _____	Appropriate original supporting evidence must be supplied.

*GDPR – Please be advised that the outcome of this process will be documented on this form and the outcome communicated to both you and your tutor.

Outcome (for approval manager completion only)

Revised deadline date: <input type="text"/>	Decision: Granted <input type="checkbox"/> Denied <input type="checkbox"/>
Managers Name: <input type="text"/>	Signature: <input type="text"/>
	Date: <input type="text"/>

For administration and information purposes please scan and email the completed form to learner cc to the trainer

Please complete this form, if you wish to apply for a deferral of assessment(s) due to extenuating circumstances. Please see your learner handbook for further information on this procedure. Learner Name: Address: Telephone No: Email address: Centre/College Course Modules and codes Assessment Type(s): Examination Skills Demonstration Assignment Project Learner Record Collection of Work Assessment Title(s): Due Date: Details of extenuating circumstance preventing assessment completion Please state the type of supporting evidence you are providing Learner Signature Date

By submitting this Form, you hereby agree that Forus Training may collect, obtain, store and process your personal data that you provide in this form for the purpose of deferring assessment due to extenuating circumstances as described in this Form and/or for receiving updates, news, promotional and marketing mails or materials from the Company and/or the associate Company. For the avoidance of doubt, Personal Data

includes all data defined within the Personal Data Protection Act 2010 including all data you had disclosed to the Company in this Form.

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