Please complete a separate form for each candidate and send a completed copy to compliance@asdan.org.uk no later than 2 weeks before moderation.­

Centre number       Candidate number

Centre name       Candidate name

Assessment date/session

Qualification code       Unit name and level

Qualification title and level

Date of assessment session Did not attend Attended but disadvantaged

      [ ]  [ ]

Summary of adverse circumstances affecting performance in an assessment:

**Evidence in support of the application**

This may include:

* Medical or psychological evidence
* Statement from the assessor

Please provide details of supporting evidence:

|  |
| --- |
| **For Office Use:** |
| Status |       | Reason       |
| Approved by: |       | Date       |