**Northern Regional College**

**Special Considerations Form**

**Please refer to the ‘Extenuating Circumstances and Special Considerations’ procedure before completing this form.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Personal Details** | | | | | | | | | | | | | | | | |
| Student’s Name: |  | | | | | | | | | | | | | | | |
| Course Title: |  | | | | | | | | | | | | | | | |
| Module/Unit/Exam Title *(specific details)*: | | | | |  | | | | | | | | | | | |
| Name of Course Coordinator: | | | | |  | | | | | | | | | | | |
| 1. **Details of Special Consideration** | | | | | | | | | | | | | | | | |
| temporary sickness/illness | |  |  | temporary injury | |  |  | personal circumstance | | | | | |  | |  |
| Dates you were affected: | | | |  | | | | | | | | | | | | |
| Please explain how this temporary circumstance affected your academic ability? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. **Supporting Evidence** | | | | | | | | | | | | | | | | |
| Do you have supporting evidence: *(please X)* | | | | | | yes | | | |  | |  | no |  |  | |
| Is your supporting evidence enclosed/attached: *(please x)* | | | | | | yes *(please list below)* | | | |  | |  | no |  |  | |
| 1. **Declaration - I confirm that the information provided is true and accurate and understand that the information on this form will be submitted to the awarding organisation for their consideration.**   **PRIVACY NOTICE:**Information gathered on this form will be processed within the provisions of the General Data Protection Regulations (UK GDPR) and used for the purpose of investigating your complaint.  The College is permitted to process personal data where there is a ‘lawful basis’ to do so.  This processing is necessary for the performance of a public task or in the exercise of official authority vested in the College as a Data Controller. Your information may be shared with relevant College staff for the purpose of investigating your complaint. It may also be shared with authorised third parties such as an awarding organisation, NIPSO, legal professionals where there is a lawful basis to do so. Further information on data protection and your rights are available on our website.  **I realise that if I choose not to agree to these terms, the College will be unable to process my request.** | | | | | | | | | | | | | | | | |
| Student’s Signature: | | |  | | | | | | Date: | |  | | | | | |
| If you are under 18, please ask a parent/guardian to sign: | | |  | | | | | |  | |  | | | | | |

**Please keep a copy of this form for your own records.**

**Please send this form securely to your Course Coordinator.**

NRC/SCForm/QUA21