

TRA-L3-INT-003g.

Special Consideration Application form.

Special Considerations: Application Form								
(Email to: <u>enquiries@therailacademy.com</u>)								
About the appr	enti	ce and a	ssess	ment				
Name of the ap	prer	ntice:						
Unique Learner Number (ULN) of apprentice:								
Name of the Employer:								
Name of the Training Provider:								
Contact Details								
Title and Level of the Apprenticesh			nip:					
End-point Assessment Component (eg, project, interview)		Date of Assessment		reques	n for special consideration st. For example: accident, cant disturbance during sment		Supporting evidence	
Was the end- point assessor / invigilator notified at the time of the assessment?	det wa	ease ail who				No (please detail why they were not notified)		
Declaration								
Signature of apprentice								
Name, Job Role and Signature of employer representative								
Name and Signature of training provider representative								
Date								

Document Number: TRA-L3-INT-003g	Issue No: 1.1	Issue Date: 16/06/2023	Page: 1 of 2
Function lead / Approver: MD	Document Owner: OD	Next Review Date: 16/06/2026	



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Record of TRA Review and Decision					
End-point Assessment Component (eg, project, interview).					
Name of Investigator.					
Details of Investigation (actions, those involved).					
Have any other apprentices been impacted by the incident that led to the special consideration request?					
Investigation outcome and decision.					
Declaration					
This is to confirm that the decision regarding special considerations has been made without any conflict of interest, and that where:					
• the application has been rejected; a full explanation has been provided alongside the rights to appeal.					
 the application has been approved; the special considerations have been detailed, and are in line with those expected of industry standards and health and safety requirements, and that the adjustment will not impact upon the integrity of the assessment. 					
Signature					
Date					
Date decision reported to applicant:					

Document Number: TRA-L3-INT-003g	Issue No: 1.1	Issue Date: 16/06/2023	Page: 2 of 2
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