**MITIGATING CIRCUMSTANCES APPLICATION FORM – End-Point Assessment**

Please complete this form if you wish to:

* withdraw from an assessment (i.e. request a deferred sitting)
* request a deferred submission for a written in-course assessment including project submission and presentation
* request a removal of a capped Pass on a resit / retake

**Section 1: Apprentice information**

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| --- | --- |
| Forename: | Surname: |
| Employer: | Apprenticeship standard & start date: |
| Training provider: | Contact details (email and phone no.) for decision: |

**Section 2: Nature of Mitigating Circumstance (Please tick the box(es) that apply)**

**COVID-19 RELATED ILLNESS OR IMPACT OF SELF-ISOLATION** Symptoms of Covid19 or self-isolation affecting you or a close family member or anxiety which is likely to have a significant effect on preparation or performance.

**PERSONAL ILLNESS OR ACCIDENT** - An illness or accident which is likely to have a significant effect on preparation or performance.

**DEATH OF CLOSE RELATIVE OR FRIEND** - Loss of a person very close to you. This usually means a parent, sibling or person with whom you live. Death of grandparents, aunts and uncles will only be considered in exceptional circumstances.

**ILLNESS OF A CLOSE RELATIVE OR FRIEND** Serious illness of a person very close to you. This usually means a parent, sibling or person with whom you live. It would be most unusual for grandparents, aunts or uncles to be included.

**PERSONAL OR OTHER CIRCUMSTANCE** Very serious personal or other unforeseeable circumstances which are likely to have a significant effect on preparation or performance.

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| Section 3: Supporting Statement  Please explain the nature and impact of your mitigating circumstances to assist the mitigating circumstances panel when making a decision (see notes on how a decision will be reached):  Section 4: Documentary Evidence  Is a medical certificate (in the case of illness) or other documentary evidence attached that details the significant impact on your ability? (Please circle) YES NO  If you have answered NO, please indicate below when you will be able to provide the corroborative evidence OR explain below why you are not able to do so. |

Section 5: Details of Assessments Affected/Missed   
Please indicate for each assessment element affected whether you wish:

* to apply for a Deferred Submission e.g., project/ project plan
* to apply for a Deferred Sitting of an assessment
* to apply for the removal of a capped grade

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| --- | --- | --- | --- | --- | --- |
| Assessment Element- **VCD, Case Study, Project plan, Project report, Project presentation or MCQ** | Date of Exam / Assessment  Deadline | Deferred Submission | Deferred Assessment | Removal of capped grade | Are you intending to take the Exam/ Assessment |
|  |  |  |  |  | YES NO N/A |
|  |  |  |  |  | YES NO N/A |
|  |  |  |  |  | YES NO N/A |

I wish the mitigating circumstances panel to take into account my application for mitigation in relation to the above exam/assessment. I understand that:

1. If the mitigating circumstances panel decides to offer me a “special examination” (deferred examination), I have an obligation to make myself available for that assessment/examination.  
2. If the mitigating circumstances panel decides to grant me a deferred submission, I have an obligation to meet that deadline.

I declare the information I have given to be true and understand that Marshall Assessment regards the submission of a false application for mitigation as a very serious disciplinary offence.

**Apprentice Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note: Should an Apprentice or representative on behalf of the Apprentice wish to appeal the decision of the panel, please refer to the Marshall Assessment Appeals policy which is available to download from Marshall-assessment.com or request directly from helpdesk@marshall-assessment.com**