Extenuating Circumstances Form

## Part A: To be Completed by the Provider

|  |  |
| --- | --- |
| Name of learner |  |
| Cohort ID |  |
| Centre Name |  |
| Diploma Title |  |
| Diploma Start Date |  |
| Diploma End Date |  |

## Rationale for Application

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| --- |
| Please provide information on the following:The relevant individual circumstances of the learner or cohort (as applicable)Any supporting documentary evidence should be attached and referred to, to support the application.The reasons why other adaptations and flexibilities are not sufficient / appropriateAny other relevant information may be added |

|  |  |  |  |
| --- | --- | --- | --- |
| Please ensure that this application form is signed by all those identified below: | | | |
| Provider Access to HE Coordinator | | | |
| Name |  | **Date** |  |
| Signature |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Exams Officer | | | |
| Name |  | **Date** |  |
| Signature |  | | |
| Provider Head of Quality | | | |
| Name |  | **Date** |  |
| Signature |  | | |

## Part B: Director of Quality Sign Off

|  |  |  |  |
| --- | --- | --- | --- |
| The decision to approve or deny the application: | | | |
| Signature |  | **Date** |  |

Please return this application form, signed and with all supporting evidence to:

**Email:** [access@gatewayqualifications.org.uk](mailto:access@gatewayqualifications.org.uk)

**Post:** Gateway Qualifications  
Gateway House  
3 Tollgate Business Park  
Colchester  
C03 8AB