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| Please complete a separate form for each candidate and send a completed copy to compliance@asdan.org.uk no later than 2 weeks before the ASDAN external moderation. |
| Centre name:        | Centre number:       |
| Candidate name:       | Candidate number:       |
| Assessment date/session:       | External Moderation date:       |
| Qualification title and level:       | Unit name and level:       |

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| Assessment session details:       |
| Did not attend [ ]   | Attended but disadvantaged [ ]  |

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| Summary of adverse circumstances affecting performance in an assessment:       |

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| Please provide details of supporting evidence:**Evidence in support of the application**This may include:* Medical or psychological evidence
* Statement from the assessor

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| **For Office Use:** |
| **Status** |  | **Reason** |   |
| **Approved / Not approved:** |  | **Date**  |  |
| **QA Manager**  |  |