**CILEX Special Consideration Form**

***CILEX End-Point Assessment***

Applicants must read the **CILEX Special Consideration Policy – CILEX End-Point Assessment** and **CILEX Special Consideration Procedure – CILEX End-Point Assessment** which sets out the CILEX policy and procedures in relation to special consideration.

1. **Apprentice’s Details**

To be completed by apprentices requesting special consideration or by employers/training providers requesting a special consideration on behalf of an apprentice.

|  |  |
| --- | --- |
| Apprentice’s Name: | Click or tap here to enter text. |
| Apprentice’s Membership Number: | Click or tap here to enter text. |
| Apprentice’s Employer: | Click or tap here to enter text. |
| Apprentice’s Training Provider: | Click or tap here to enter text. |
| Title of End-Point Assessment: | Click or tap here to enter text. |

1. **Employer/Training Provider Details**

To be completed by employers or training providers requesting special consideration on behalf of an apprentice. **Apprentices do not need to complete this section**.

|  |  |
| --- | --- |
| Organisation Name: | Click or tap here to enter text. |
| Name of Contact: | Click or tap here to enter text. |
| Telephone Number of Contact: | Click or tap here to enter text. |
| Email Address of Contact: | Click or tap here to enter text. |
| Signature of Contact:(electronic signature is accepted) | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |

1. **Apprentice Consent (to be completed by employers/training providers requesting special consideration on apprentice’s behalf)**

Employers/training providers must have the apprentice’s explicit written permission to request special consideration on an apprentice’s behalf. Employers/training providers must confirm the apprentice has given the employer/training provider permission to request special consideration.

|  |  |
| --- | --- |
| Date of apprentice’s written permission confirming the employer/training provider can request special consideration on the apprentice’s behalf: | Click or tap to enter a date. |

1. **Request to postpone an EPA component**

|  |  |  |
| --- | --- | --- |
|  | **EPA Component** | **Insert X to confirm****postponement requested** |
| Level 3 Paralegal Apprenticeship EPA V1.2 | Timed Assessment 1 |[ ]
|  | Timed Assessment 2 |[ ]
|  | Interview |[ ]
| Level 3 Paralegal Apprenticeship EPA V1.3 | Professional Discussion underpinned by Portfolio |[ ]
|  | Project Report, Presentation with Questions and Answers |[ ]

1. **Reason/s for postponement**

|  |
| --- |
| Click or tap here to enter text. |

1. **Notification of significant disruptive incident**

In the event that an apprentice experiences a significant disruptive incident during an assessment for the CILEX Level 3 Paralegal Apprenticeship End-Point Assessment, a summary of the incident should be set out below.

|  |
| --- |
| Click or tap here to enter text. |

1. **Evidence**

|  |  |
| --- | --- |
| **Evidence attached to form** | **Insert X to confirm** |
| Evidence accompanies this form |[ ]

Please note that it is the applicant’s responsibility to ensure all relevant evidence is provided in support of the application.

1. **Declaration for applications made by apprentices**

I confirm that the information provided on this form is accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:(electronic signature is accepted) | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

1. **Declaration by apprentice for Data Protection Legislation**

To process your application, we need your consent to share the information on this form with CILEX staff when they consider your application under the relevant policy and procedures.

Insert X in the table below to confirm whether you give your consent.

|  |  |
| --- | --- |
| Yes, I give my consent: |[ ]  No, I do not give my consent: |[ ]
| Signature:(electronic signature is accepted) | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

1. **Declaration for applications made by employer/training provider on behalf of an apprentice**

I confirm that the information provided on this form is accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:(electronic signature is accepted) | Click or tap here to enter text. | Date: | Click or tap to enter a date. |