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| Please complete a separate form for each candidate and send a completed copy to [compliance@asdan.org.uk](mailto: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: |

|  |  |
| --- | --- |
| 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** |  | | |