

**Application for Missed Examination Due to being Unwell/Being off unwell for more than 3 Days.**

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| NISQ D11 for Guidance | | |
| NISQ Approved Centre Details | Name –  NISQ Registration Number –  Address –  Governing Body /Director /Qualification Coordinator – Making the Application for the learner unwell on the Date of Examination or Unwell for more than 3 Days-  Name –  Position within NISQ Approved Centre – | Supplied Yes/No |
| Learner Details | Name –  Unique Learner identification Number –  Address – |  |
| Qualification Details | Title of Qualification Registered For –  NISQ Qualification Identification Number –  Modules Completed – Titles  Units Completed – Titles  Assessments Completed –  Learning Outcomes Completed – |  |
| Explanation for Request | Provide Details of the Examination missed due to being Unwell, or the Dates the Learner was unwell for – being more than 3 days on behalf of the Learner you would like to be taken into account –  (See NISQ D11 for Guidance) |  |
| Supporting Documentation | List and Attach Documentation to support the application: |  |
| Statement from the NISQ Approved Centre Governing Body or their Representative (Qualification Coordinator) | This can be a supporting statement, outlining details of the circumstances – this is vital for this application, |  |
| Declaration | As the Governing Body of the named NISQ Approved Centre or their representative I hereby in writing confirm the information I have submitted is true and factually correct and is appropriate in order to support an application for the named Learner.  Signature –  Name –  Date - |  |
| NISQ Approval Panel Outcome | The approval panel on behalf of the Governing Body of NISQ have Approved this application for the Named Learner.  The following Examination may be Taken on the 00/00/00  The Learner having been off for more than three days can proceed with the Qualification due to the evidence submitted, providing they complete the required/any assignments they have missed due to being unwell -  Signed –  Name -  Member of the Approval Panel/position –  Date - |  |
| NISQ Approval Panel Outcome | The Approval panel on behalf of the Governing Body of NISQ has rejected this application for the named Learner –  Explanation for Rejection –  The application does not fit the criteria set out in NISQ D11 –  The Panel Require more information/evidence – see action plan -  Signed –  Name -  Member of the Approval Panel/position –  Date - |  |
| Action Plan if Required | Approval Panel require more information to process this application –  Namely -  Suggested Action Plan – Resubmit the application along with the required documentation –  Signed –  Name -  Member of the Approval Panel/position –  Date - |  |

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| Payment via Bank Transfer to  Ltd **No Charge** |  |
| (please quote reference) | “on behalf of NISQ and …………“ |