

**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 – TitlesUnits Completed – TitlesAssessments 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:1.
2.
3.
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| 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 …………“ |