

Application for Special Consideration 2015

See Handbook for Centres paragraphs 6.34 – 6.47, and read the notes overleaf before completing this form. If necessary, additional sheets may be attached to this form.

1. Examination

Qualification (PSLE, JCE or BGCSE)

2. Candidate Details

Centre Number Centre Name

Candidate Number Candidate Name

3. Subject and Components Affected

Syllabus Title	Syllabus code	Component code(s)	Date of Exam	Did not sit component	Sat component but disadvantaged
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

4. Reason for Application (enter details of the adverse circumstances that may have affected the candidate's exam performance or coursework in the box below. Do not attach these details in a separate document)

Have you attached medical/psychological evidence? Yes No

5. Comparable Candidates (Please list the two candidates immediately above and two immediately below the candidate in question in the order of merit/performance) within the teaching group

Candidate Number	Candidate Name	Forecast Grade

6. I support this application and am satisfied that the information on this form is correct

Name of Head of Centre Date
 (Please print)
 Signature of Head of Centre Tel/Cell No.

Guidance Notes

Background

Special consideration is a post-exam adjustment made to a candidate's mark, by an awarding body, to make allowances for any adverse circumstances, for example illness, bereavement or temporary injury.

Completing the form

- Complete a separate form for each syllabus
- List all the components affected.
- You can submit one form in cases where a group of candidates has been disadvantaged by a particular event (for example, fire alarm). If you do, please submit a clearly titled list of the candidates' names and numbers along with this form together with a detailed report.
- In cases where medical/psychological evidence is required, submit a clearly titled document with the application.

Deadline

Please submit the special consideration application within seven days of the last exam in the syllabus affected

Application for Special Consideration

- 1 A candidate is eligible for Special Consideration if performance in an examination is affected by circumstances beyond the candidate's control, such as illness, accident, bereavement or some disturbance during the examination. A candidate may also be eligible for Special Consideration if a paper is missed in similar circumstances. Application should also be made if the Centre believes that Special Arrangements in respect of a permanent or long-term disability proved inadequate.
- 2 Application for Special Consideration must be made on this form by providing the details specified. Applications must be signed by the Head of Centre.
- 3 Completed forms should be sent to the Executive Secretary at BEC. It is acceptable for a school to send all applications in a single batch at the end of the examination period. All applications should be received at BEC as soon as possible after the end of the examination period.
- 4 Enter details of the examination and the candidate in sections 1 and 2.
- 5 In section 3 provide details of the syllabus/subject and components. Enter the Syllabus/subject code, and the syllabus/subject name, and list the components which were affected. Tick one box alongside each component to indicate whether the candidate was absent from the examination, partially absent after being taken ill during the examination, or present for the entire examination although disadvantaged.
- 6 In section 4 provide a brief description of the circumstances which led to this application for Special Consideration.
- 7 In section 5, identify 4 candidates whose ability in the subject is similar to that of the candidate. List the forecast grade previously supplied to BEC for each candidate at PSLE/JCE and BGCSE.
- 8 In cases involving a medical condition, the application should be accompanied by a statement from a registered medical practitioner.
- 9 The Head of Centre should sign the form to confirm the accuracy of the information provided on the form and to confirm his/her support for the application.
- 10 Give details of any documents to be attached to the form (eg medical evidence or additional sheets in the space provided below).

Once completed, this form should be sent by mail or fax to:

**The Executive Secretary,
Botswana Examinations Council,
Private Bag 0070,
Gaborone**
Tel: 3650700
Fax 3938257/3164203