



CARIBBEAN EXAMINATIONS COUNCIL

APPLICATION FOR COMPASSIONATE CONSIDERATION

This form must be completed by candidates who have suffered from a temporary illness, non-permanent disability, or other medical or non-medical event shortly before or during the examinations; which they believe has significantly impaired their performance in particular examinations. Any claim for compassionate consideration **MUST** be supported by the relevant documentation.

Before making an application for compassionate consideration, candidates must read the guidelines which accompany this application form.

This form is not to be used to report absence from the examinations unless special consideration is requested on grounds of illness or other extenuating circumstances. The relevant documentation must be submitted.

A. TO BE COMPLETED BY THE CANDIDATE

EXAMINATION PERIOD		
Year: 20 <input type="text"/>	Sitting: (<i>select one only</i>):	
	January <input type="checkbox"/>	CSEC® <input type="checkbox"/>
	May/June <input type="checkbox"/>	CAPE® <input type="checkbox"/>
		CCSLC® <input type="checkbox"/>
CENTRE DETAILS		
Centre No:	<input type="text"/>	
Centre Name:	_____	
Name of Principal:	_____	
Telephone No(s):	() _____ () _____	
Fax No:	() _____	
E-mail Address:	_____	
APPLICANT'S PERSONAL DETAILS		
Candidate's Registration No: (<i>if known</i>):	<input type="text"/>	
Candidate's Last Name:	_____	
First Name(s):	_____	
Date of Birth: _____ / _____ / _____	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
	DD / MM / YY	

SUBJECTS FOR WHICH THE REQUEST IS BEING MADE

I am requesting the award of an *Assessed Grade Yes No

**Applicable only if the candidate is legitimately absent from the minor component of an examination. Special conditions apply.*

Please indicate the subject(s) and paper(s) for which compassionate consideration is being requested.

CAPE[®]			
Subject	Unit	Paper	Date of Examination

CSEC[®]			
Subject	Proficiency	Paper	Date of Examination

CCSLC[®]			
Subject	Date of Examination	Subject	Date of Examination

The reasons for applying for compassionate consideration are:

If the application is not for medical reasons (eg, late arrival) details should be recorded here. Any other information or supporting evidence must be included or attached, (eg, a police report in the event of an accident). Where possible, any witnesses to the event must sign the supporting evidence.

I certify that the information above is accurate.

Parent/Guardian: _____
(Name in Block Capitals)

Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

The completed forms and supporting documents must be submitted by the Principal, through the Local Registrar, to reach the Council's Headquarters no later than:

<i>31 January</i>	<i>January Sitting</i>
<i>30 June</i>	<i>May-June Sitting</i>

B. TO BE COMPLETED BY THE PRINCIPAL OR HIS/HER NOMINEE

The school's observations of this student indicate that the impairment could have had the following effect on his/her performance in the examination:

No effect Minor effect Moderate effect Considerable effect

COMMENTS: *(Please indicate, with reason(s), whether or not you support the candidate's application.)*

Estimated Rank and Grade (CSEC®)

If Compassionate Consideration/Assessed Grade is being requested for any of the CSEC® subjects listed below, kindly indicate the candidate's rank and grade for the relevant subjects.

Subject	Rank	Estimated Grade
English A		
English B		
French		
Human and Social Biology		
Mathematics		
Spanish		

I declare that to the best of my knowledge the information provided in this application is correct. I confirm that the teacher's estimate of performance and rank order of the group(s) in which the candidate was prepared for the examination(s) in all other subjects has been submitted to the Council.

Name: _____ Designation: _____
(Block Capitals)

Signature: _____ Date: _____

The completed forms must be submitted by the Principal, through the Local Registrar to reach the Council's Headquarters no later than:

31 January
30 June

January Sitting
May-June Sitting

C. TO BE COMPLETED BY THE MEDICAL PRACTITIONER

NB: In all cases where the request for Compassionate Consideration or the award of an Assessed Grade is based on medical reasons or emotional upset, A MEDICAL CERTIFICATE MUST ACCOMPANY THE APPLICATION FOR COMPASSIONATE CONSIDERATION.

Please note the following before completing this form:

- 1. Any impairment should be of an acute nature with onset close to the examination. (Please include relevant data on the application.)
- 2. Significant impairment in the weeks prior to the examination which would interfere with preparation for the examinations, as well as impairment occurring during the actual examinations may be considered.
- 3. Impairment may include acute emotional upset such as death or serious injury to a close relative or friend, or serious illness in the immediate family. It does not include emotional traumas such as a panic attack or stress due to the examinations.
- 4. Details of any impairment should include a brief history, essential clinical findings such as fever or rashes, any relevant investigations, the dates of onset and recovery, diagnosis and an estimate of the degree of impairment of functions relevant to the sitting of an examination.

These details are required by the Council to allow a fair assessment of your patient's application. Such assessment must be based on a principle of fairness to the patient and to candidates who have taken the examination(s) under normal circumstances.

I _____ Medical Practitioner
(Name in Block Capitals)

of _____
(Hospital/Clinic/Surgery) *(Town/City)*

certify that I examined _____

on _____
(Date of consultation)

Diagnosis: *(Brief note only required)*

Diagnosis (Continued): *(Brief note only required)*

Dates of onset and functional resolution of the problem:

From _____ to _____.

Estimate of the degree of functional impairment:

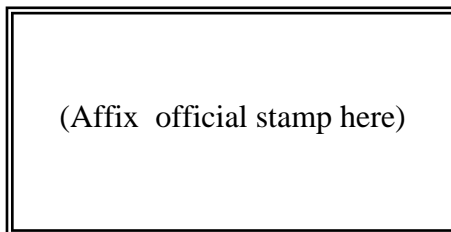
None Minimal Moderate Severe

As a result of the above impairment, I consider that the applicant was *(please tick (✓) all that apply and insert the relevant dates)*

- Disadvantaged when studying between _____ and _____ for the examination(s).
- Disadvantaged when taking examination(s) held/to be held between _____ and _____ for the examination(s).
- Unfit to sit examination(s) between _____ and _____.

Signature: _____ Date: _____

Medical Practitioner



FOR CXC USE ONLY

SAC Decision: _____

FAC Processed: _____

Signature: _____ Date: _____