



Special Consideration at the Grading Stage
Centre No: 71958 – Loreto Grammar School, Omagh

Application for Special Consideration

GCSE/GCE Examinations

Student's Name _____

Candidate No: _____

To be completed by the General Practitioner:

Have you examined the candidate? YES/NO Date of Examination: _____

Please outline the special circumstances or condition that you consider has impacted on the candidate's preparation for the public examinations and which may impact on her performance in her examinations:

When did this Special Circumstance/Medical Condition commence? __/__/__ DD/MM/YY

How long do you expect this condition to last? _____

The information provided will be forwarded to the relevant examination board along with a request for consideration in the marking of this student's examinations:

I am satisfied that the information on this form is accurate.

Doctor's Name: (Please Print) _____

Name of Medical Centre: _____

Signature: _____

Date: _____

To be completed by the candidate and her parent/guardian:

Parent/Guardian Name: (Please Print) _____

Signature: _____

Candidate's Signature: _____