



IMPAIRMENT/AEGROTAT APPLICATION

PART A: Learner to Complete

Learner ID Number	
Family Name	First Names
Address	Phone Number
Programme of Study	

Assessment/s affected:

Course Code	Course Title	Test, Exam, or other Assessment work	Assessment Date	Lecturer

Reason for Application

I was not present at the above assessments	<input type="checkbox"/>
My performance was impaired during the above assessment/s	<input type="checkbox"/>
I was not able to complete the above assessment/s	<input type="checkbox"/>

Please tick appropriate box

Brief reason for application (must be supported by evidence)

Continue on a separate sheet if necessary

In exceptional circumstances the Head of College may request more detailed information from the registered health professional or other professional.

I give / do not give permission for release of further information. I understand that I will be notified if this release is required.

Signature: _____

Date: _____

I have attached the following items in evidence (eg death notice from newspaper or other, etc)

Both Part A and Part B of this form must be submitted to the Head of College as soon as practicable before or after the date of assessment.