

**BENCHMARK ASSESSMENT AGENCY
APPLICATION FOR CONCESSION: AET**

PLEASE NOTE THAT THIS APPLICATION FOR CONCESSION MUST BE ACCOMPANIED BY AN ASSESSMENT/MEDICAL REPORT.

Learner's Name: Date of Birth:

AET Centre Name: Centre No.:

AET Level: AET Learning Area:

1. Describe the condition/disability which causes a barrier to assessment:

.....

2. When was it first reported/diagnosed? Is it a permanent condition/disability? YES / NO.

3. Does the condition/disability affect the candidate's ability to:

(a) Write quickly/Legibly? Explain:

.....

.....

(b) Read quickly? Explain:

.....

.....

4. Please list the medical /specialist reports and samples of work (if applicable) attached to this application:

(a)

(b)

(c)

5. Specify the nature and extent of the concession(s) which you consider reasonable:

.....

.....

.....

.....

I, _____, the AET Centre Manager/Chief Invigilator of
[Print full names]

[Name of AET Centre]

- (a) have established that the condition/disability/barrier to learning is genuine and significantly affects performance of the learner;
- (b) am of the opinion that, without a concession, this learner would be significantly disadvantaged.

AET MANAGER/CHIEF INVIGILATOR SIGNATURE

DATE

COMPANY STAMP:

CONTACT NO: _____

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NATURE OF BARRIER: _____

MOTIVATION FOR APPEAL:

DOCUMENTS ATTACHED:

APPELLANT'S RELATIONSHIP TO LEARNER: _____

APPELLANT'S NAME: _____
{PRINT NAME}

{SIGNATURE}