



SPECIAL CONSIDERATION APPLICATION FORM

PRIVACY NOTICE

Why do we need this data? We collect the information below in order to process and implement special considerations for examinations.

What data do we collect? We collect the data specified on the form below as follows:

- **Teacher/applicant name and contact details**
- **School RAD ID**
- **Candidate name, RAD ID and exam details**

In most cases this information will already be on our database. Where it is not, we may update our database with the information you provide.

- **Reasons for special consideration application**

This information is collected purely to enable and support the processing of the special consideration application, in line with regulatory and access requirements and good practice.

What is the lawful basis for processing this data? The lawful basis for processing the data relating to teacher/applicant, school and candidate is legitimate interest, which is the delivery and awarding of qualifications and assessments for candidates taking examinations in dance. We consider that the processing is necessary to achieve this purpose, benefits the individuals whose personal data we process, is fully in line with their reasonable expectations, is not objectionable or intrusive, and does not open them to any undue vulnerability or negative impact.

You, and other individuals whose details you provide, have the right to object to processing on the basis of legitimate interest. If you, or they, wish to do so, please let us know.

If you are providing medical or health related information on or appended to this form, **we must have the consent of the candidate or their parent/guardian if under 18**. In the absence of such consent, the application will not be processed and will be deleted.

How long is the information kept? This form will be securely retained by the RAD for three years after which it will be destroyed.

Who has access to this information? We will not pass this information to anyone outside the RAD without permission **except**

- for the purposes of completing tasks and providing services to customers on our behalf which are consistent with the purpose of collating and processing the data. An example of this is to a mailing house to send examination results and certificates to an applicant
- if we are required to do so by law, for example, by a court order or for the purposes of prevention of fraud or other crime
- if we are required to provide the information to the examinations regulators or other regulatory agencies (however this will usually be in an anonymised form)

For more information please see the RAD Examinations Privacy Policy [here](#).

NOTES ON COMPLETING THE FORM

Before completing this form please read the *Reasonable Adjustments and Special Consideration Policy and Procedures* available on the RAD website [here](#).

Applications for Special Consideration must be submitted by the teacher or applicant on the form below. Should you wish to make the examiner aware of any condition or issues that might impede the performance or request adjustments to the examination, please refer to the *Reasonable Adjustment* procedure.

Applications can be submitted from the closing date for entry and **up to 5 working days following the exam**. Applications after this date will not be accepted. Where multiple candidates are affected, please complete one form and attach a list of candidates.

Please send the completed form and medical documents **as separate documents** to Examinations Customer Service (examscustomerservices@rad.org.uk).

Please fill in each field. Incomplete forms will not be accepted.

Teacher / applicant name:	School name & RAD ID:
Email address:	Candidate name:
Candidate RAD ID:	Please tick if candidate is 18 or over: <input type="checkbox"/>
Exam entry ID:	Tour code (if known):
Examination type / level:	
Date of examination:	Examiner name:
Please summarise the adverse circumstances affecting the examination and the degree to which you think the candidate has been affected:	
<p>Medical documentation is attached: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
Date problem / condition arose (if applicable):	
<p>DECLARATION BY APPLICANT: I agree that the information provided on this form is accurate and fully supports the application. APPLICANT NAME: POSITION (e.g. teacher, school administrator): SIGNATURE* DATE:</p>	
<p>CANDIDATE / PARENT / GUARDIAN CONSENT: I consent to the provision of this information relating to me / my child / ward (please delete as appropriate) to be used in line with the RAD's procedures for Special Considerations and Examinations. NAME: POSITION (e.g. candidate, parent, guardian): SIGNATURE:* DATE:</p>	
<p>Please do not enter any other personal information (i.e. email address, phone number, ID number, etc.).</p> <p><small>*For electronic applications where an e-signature cannot be provided the name may be typed and will act as a binding signature. For the candidate / parent / guardian's signature, we may ask for proof of the authenticity of the name being typed by the named person, such as independent verification or an email trail, etc.).</small></p>	