 **SPECIAL CONSIDERATION APPLICATION**Examinations Department

36 Battersea Square
London SW11 3RA
T 00 44 20 7326 8000
F 00 44 20 7924 2311
E idregistration@rad.org.uk

**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 ID**
* **Candidate name, 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 at:**

[**https://www.royalacademyofdance.org/achieve/exams/more-information/policies-and-guidelines**](https://www.royalacademyofdance.org/achieve/exams/more-information/policies-and-guidelines)

Before completing this form please read the *Reasonable Adjustments and Special Consideration Policy and Procedures* available from [www.rad.org.uk/exams](http://www.rad.org.uk/exams)

* Applications for Special Consideration from parents/guardians or candidates must be submitted by the teacher on the form below.
* Applications can be submitted from the closing date for entry and up to 5 working days following the exam. Where multiple candidates are affected, please complete one form and attach a list of candidates.
* Please send the completed form and medical evidence by email to the Examinations Business and Customer Service Manager - exams@rad.org.uk (post or fax details above).

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| **Teacher Name**  |       | **Candidate Name**  |       |
| **Email** |       |
| **School ID** |       | **Candidate ID No** |       |
| **Examination level** |       |
| **Date of examination** |       | **Examiner Name** |       |
| **Summarise the adverse circumstances affecting the examination and the degree to which you think the candidate has been affected:** |
|  |
| **Medical evidence is attached *(tick one box)*** | **YES** **[ ]**  | **NO** **[ ]**  |
| **Date problem/condition arose *(if applicable)*** |  |
| **DECLARATION: I agree that the information provided is an accurate record and fully supports the application.****NAME (please print)** **POSITION (e.g. Applicant, Teacher)** **DATE** **SIGNATURE** **PARENT/GUARDIAN DETAILS (where required: see Privacy Notice above):** **NAME (please print)       SIGNATURE** **For electronic applications where an e-signature cannot be provided, the named teacher and/or parent / guardian is deemed as the signatory.** |