

# NET Exceptional Circumstances Form



Please return this completed form along with the required evidence to:  
[send@netservices.org.uk](mailto:send@netservices.org.uk)

Use this form to request Exceptional Circumstances for candidates. One form to be completed and submitted to NET for each candidate requiring adjustments.

Before applying please read the NET Exceptional Circumstances Policy and Reasonable Adjustments and Special Considerations Policy available here: <http://www.netservices.org.uk/policies-and-procedures/>

## CENTRE INFORMATION

Centre Name

Centre Number

Centre Manager (Requester)

Has the candidate given permission for this information to be shared?

Yes

No

## CANDIDATE INFORMATION

Candidate Name

Candidate Number

Email

Contact Details

## NATURE OF EXCEPTIONAL CIRCUMSTANCES

Own Medical Condition

Bereavement

Family Circumstances

Centre Issue  
(e.g. fire alarm)

Other

## NATURE OF SUPPORTING EVIDENCE

Medical Certificate

Death Certificate

Police Report

Other

## DESCRIPTION OF EXCEPTIONAL CIRCUMSTANCES

**PLEASE PROVIDE A SUMMARY OF YOUR EXCEPTIONAL CIRCUMSTANCES. PLEASE ATTACH EVIDENCE TO THIS FORM.**

*Please be specific about how you believe that the circumstances detailed therein affected your assessment(s), including exact dates.*

## FOR NET USE

**Request Agreed**

**Request Declined**

**Date**

*Further Comments*