**Application for Teacher Assessed Grades**

1. **Centre Information**

Centre name:

Centre number:

Contact email:

Contact phone number:

1. **Reason for Teacher Assessed Grades**
2. Learner cannot access the centre safely
3. Learner self-isolating ☐
4. Learner due to take exam in January/February left area/country
5. Other

If other, please specify:

1. **Learner details**

|  |  |
| --- | --- |
| **Number of Learners** | **Level and award** |
|  | Choose an item. |
|  | Choose an item. |
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|  | Choose an item. |

1. **Declaration**

I confirm that the information is accurate and that the Learners cannot access the Centre safely or take the exam later.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_