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|  | **Application for mitigating circumstances****To be used for all assessments** |
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| *Please complete and return this form to: Mitigating Circumstances Email:* *mitigating.circumstances@actuaries.org.uk* |
| **This form should only be used if you sat the exam. Please read the** [**Mitigating circumstances policy**](https://www.actuaries.org.uk/documents/mitigating-circumstances-policy) **before sending an application to make sure that you understand the circumstances and situations that can be considered.**All mitigating circumstances applications and supporting evidence must be submitted by **20 May 2024.** |
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| **Personal details** |
| **Name (BLOCK CAPITALS)** |  | **ARN** |  |
| **Email**  |  | **Telephone** |  |
|  |
| **The assessment(s) you wish mitigating circumstances to be considered for** |
|  |
| **Subject** | **Date Sat** |
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| **Mitigating circumstances details** |
| Please indicate the category of mitigating circumstances that you are applying for |
| **Personal circumstances or medical condition** [ ]  |
| **Family circumstances or medical condition** [ ]  |
| **IT Issues:** [ ]  |
| **Other (please state below):** [ ]  |
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| **Supporting documentation** |
| Please indicate the type of supporting documentation that you have provided with your application |
| **Medical information confirmed by a qualified** [ ] **medical practitioner, or death certificate**  |
| **Police/Emergency Services Report** [ ]  |
| **Employer’s letter** [ ]  |
| **IT Screenshots** [ ]  |
| **Other (please state below):** [ ]  |
|  |
| All supporting documentation must be provided in English. If the original language of your supporting documentation is not in English, you will need to supply a certified translation of this along with your application. |
| **Explanation of the mitigating circumstances applied for** |
| Please provide a clear and concise explanation of how the circumstances were unforeseen and unpreventable:  |
| Please explain the effect they had on your ability to complete the assessment: |
| Please provide the exact dates of the period(s) affected by your mitigating circumstances. If more than a week before the assessment date, please demonstrate the long-term effect the circumstances had on the assessment: |

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| **Signature** | **Date** |
|  |  |
| I have read, understood and agree to be bound by the Mitigating Circumstances Policy and also the Actuaries’ Code, as in force from time to time. In submitting this form I confirm that the evidence is correct and true to the best of my knowledge.  |