

Alternative Venue Request form - Exams 2024

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| Centre details |
| Centre number |  | Centre name |  |

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| Candidate details |
| Name |  |
| Date of birth |  |
| Scottish Candidate Number |  |

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| --- |
| Entry details |
| Course code | Course name | Level | Date of exam |
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| Reason for alternative venue request  |
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Note: For hospital venues you will not need to specify the nature of the medical condition

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| Please indicate if assessment arrangements are required |
| Yes [ ]  No [ ]  |
| Details of arrangements: |

Note: you must ensure assessment arrangements are correctly implemented. provide support for your candidate(s). All assessment arrangements must be requested through the AAR system in the normal way. If your candidate requires adapted papers, please type ‘Alternative Venue candidate’ in the additional comments box in the AAR system to ensure the adapted papers are sent to the alternative venue. It is the responsibility of the presenting centre to inform the invigilator of any assessment arrangements prior to the exam.

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| Venue details  |
| Name of alternative venue |  |
| Address |  |

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| Where should the exam materials be sent?  |
| To the invigilator’s home address? | Yes [ ]  No [ ]  |
| To the venue for care of the invigilator? | Yes [ ]  No [ ]  |
| To the venue, addressed to another nominated person? Please provide details of the nominee. | Yes [ ]  No [ ]  Details: |
| Invigilator will collect assessment materials and stationery from centre on morning of exam and return completed assessment materials back to centre for dispatch to SQA. | Yes [ ]  No [ ]  |
| Note: we are unable to progress the request without the invigilator’s details.If you are happy for SQA to share your centre contact details will other centres with candidates sitting an exam at an overseas event to allow coordination of invigilation, please tick this box [ ]  You can email**alternative.venues@sqa.org.uk**if you are interested in finding out if other centres are conducting exams at an event before you complete this form.  |
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| Invigilator details |
| Name of invigilator |  |
| Home address |  |
| Occupation/role/job title  |  |
| E-mail address and contact telephone number  |  |
| **Please Note:** [**Alternative Venue Invigilator Nomination Form**](https://forms.office.com/e/ULWssUng0v) **–** This must be filled in alongside this form and submitted so we can contract and contact the invigilator regarding their appointment. |
| Does the candidate know the invigilator? | Yes [ ]  No [ ]  |
| If yes, please state in which capacity  |  |

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| If the venue is outside the UK, when will the invigilator be travelling?  |
| Date leaving UK |  |
| Date arriving at venue |  |

[ ]

**Declaration**

I can confirm that the above information is accurate and that I fully support the application, including accountability/responsibility for all incurred costs. I can confirm that the proposed alternative venue will meet the requirements of an examination-based environment and that all examination materials will be stored and handled securely, as outlined in the guidance notes relating to this form.

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

**(This form must be signed by either the Head of Centre or the SQA Co-ordinator)**

**Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\***For an electronic submission, you may type your name as confirmation