**Referral Claim Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- |
| **1. Claim for referral opportunity** |
| Centre |  |
| Learner |  | Date |  |
| Component  |  |
| Assessment | 1 of  |
| **2. Response to referral claim** |
| Assessor |  | Date |  |
| I do not\* / support \* *delete as appropriate* because: |
|  |
| IV |  | Date |  |
| I do not\* / support \* *delete as appropriate* because: |
|  |
| EV |  | Date |  |
| I do not\* / support \* *delete as appropriate* because: |
| **3. EV’s conditions of referral.**  |
| a. what is to be submitted (as referral) to Assessor |  |
| b. by what process (how) |  |
| c. by when (deadline time and date) |  |
| *If above conditions are not met, go to section 5* |
| **4. Assessment of referral** |
| Indicate with🗸 | Assessor  | IV | EVFinal Decision |
| Pass |  |  |  |
| Fail |  |  |
| **5. Reason(s) for result of: Fail** |
|  |

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