**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 | | | | EV  Final Decision | | Pass | |  |  | | | |  | | Fail | |  |  | | | | | **5. Reason(s) for result of: Fail** | | | | | | | | |  | | | | | | | | |