**Student Substitution Form**

This form is required for customers wishing to change the attending student for an Education for Health course. We understand that circumstances can change quickly and therefore allow student substitutions up to 5 days before any course start date as long as they meet the required criteria.

Please note that this process does not allow a change of course and if this is required and it is within the cancellation period an Application for Exceptional Circumstances will be required.

Substitutions can only be made in exceptional circumstances which must be:

* **Significant -** the event or circumstances must have had a serious impact on the attending student completing their studies
* **Unexpected** - you must normally have had no prior knowledge that a particular event or circumstance would occur
* **Unpreventable** - there must have been no reasonable steps you could have taken to prevent the event or circumstances from happening
* **Relevant** - you must be able to link the event or circumstances and its impact on the attending student completing their studies
* **Corroborated** - a request for student substitution must meet the normal requirements for independent documentary evidence.

Exceptional circumstances may include, but are not limited to:

* severe personal illness or injury or significant change or deterioration in a long term condition,
* a significant accident,
* the severe illness or death of a close family member or dependent,
* a shocking or traumatic personal experience affecting the student,
* sudden and unexpected changes in personal or family circumstances,
* complications resulting from pregnancy,
* absence caused by Jury Service,
* employee resignation

Examples of events that do **not** constitute an exceptional circumstances are:

* death of a member of extended family,
* pressures of work,
* stress or panic attacks that are not diagnosed or documented,
* computer problems preventing submission or causing loss of work,
* holidays,
* weddings,
* pregnancy,
* house move,
* embarking upon additional study at the same time,
* minor illness,
* minor illness of a close family member,
* planned medical operations or hospital tests,
* poor time management,
* unexpected issues with childcare provision,
* ignorance of regulations or assessment arrangements.

Please note that prolonged chronic or long term conditions are not normally considered a basis for exceptional circumstances. Students with a chronic illness or disability are encouraged to contact Student Support to enable us to put in place reasonable adjustments as appropriate for specific learning requirements.

Disabilities, medical conditions or other circumstances that were known to you when the attending student was booked on a course are not normally considered. However, exceptional considerations may be made for a sudden and unexpected worsening of a pre-existing condition if it is registered.

Each request will be individually assessed to determine whether it meets the terms for substitution. These are:

* The request is submitted to Education for Health at least 5 working days before the course start date
* Is made by the customer who has purchased/financed the students place
* Is due to exceptional circumstance i.e resignation or serious illness of attending student
* Includes copies of the evidence why the original student can’t attend
* Includes required information to register the substitute student
* The substitute student is available to register with all required parties before the course start

Please submit your completed Student Substitution Form, including evidence, to: [customersupport@educationforhealth.org](mailto:customersupport@educationforhealth.org)

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| --- | --- |
| **Current student details** | |
| First name |  |
| Family name |  |
| Email address |  |
| Course Name, Date & Venue |  |

|  |  |
| --- | --- |
| **New student details** | |
| First name |  |
| Family name |  |
| Email address |  |

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| --- |
| **Reason for substitution & details of evidence to support request:** |

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| --- | --- |
| **Customer Name:** |  |
| **Customer Contact Details:** |  |
| **Customer Signature & Date:** |  |