Part 1: To be completed by the APPLICANT

<table>
<thead>
<tr>
<th>Full Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>UCAS Personal ID number</td>
<td></td>
</tr>
<tr>
<td>Course Title and Course Code</td>
<td></td>
</tr>
</tbody>
</table>

Please complete a supporting statement on page 2 of this form

Applicant declaration

I confirm that the supporting statement I have provided is a complete and accurate record and that no relevant information has been knowingly omitted. I give my consent to the storage and use of this information by the University of Bristol.*

Signature: Date:

Part 2: To be completed by a relevant THIRD PARTY (e.g. teacher/tutor. This excludes relatives or friends

We require evidence of how your circumstances have affected or are likely to affect your studies/exam performance. Therefore, we ideally prefer a statement from your teacher/school/college to provide support as to how your circumstances have affected your learning and/or examination performance. If this is not possible, then a letter from a medical professional may be submitted instead.

Supporting declaration (to be completed by third party)

I confirm that the supporting evidence I have provided is a complete and accurate record and that no relevant information has been knowingly omitted. I also give my consent to the storage and use of this information by the University of Bristol**.

Relationship to Applicant:

Email address:

Signature: Date:

* Please note that any information you provide may be shared with the relevant faculty/department or student support services, should you accept an offer of a place from the University of Bristol.

**All personal information supplied on this form will be held in accordance with the Data Protection Act 1998.
Part 1: To be completed by the APPLICANT

Please list the qualifications which have been, or are likely to be affected e.g. GCSEs, A levels:

Applicant statement Please tell us more about the circumstances you wish for us to consider and how this has affected your studies and/or examinations. If possible please include specific dates/timings of events.
Part 2: To be completed by a relevant THIRD PARTY (e.g. teacher/tutor/medical professional. This excludes relatives or friends)

Supporting statement Please include all relevant information and if possible, include specific dates/timings of events to corroborate the applicant’s circumstances. If it is not possible to complete the below section, a separate document may be uploaded to the applicant’s dashboard alongside this form. This can be a signed statement from a school or a medical letter. If a separate document is provided, part 2 on page 1 of this form does not need to be signed as well.