Application for Reasonable Adjustments for apprentices/learners with particular requirements

Please complete all sections of the form. Incomplete applications cannot be considered.

|  |  |
| --- | --- |
| Centre/provider name |  |
| Coordinator name |  |
| Name of apprentice/learner |  |

List below all Innovate Awarding qualifications or assessments for which the apprentice/learner requires reasonable adjustments:

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification/standard title | Qualification code (if applicable) | Level | Assessment/Test date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Reason for application:

|  |
| --- |
|  |

Please provide *specific* details of the reasonable adjustments requested in the box below. Some adjustments do not require Innovate Awarding’s prior approval. Please read the Reasonable Adjustments and Special Consideration policy for guidance.

|  |
| --- |
|  |

If this apprentice/learner has been granted reasonable adjustments previously, please supply details below.

|  |  |  |
| --- | --- | --- |
| Year | Awarding Organisation | Subject |
|  |  |  |
| Details of condition and reasonable adjustments granted: | | |

Please attach documentary evidence from a relevant independent specialist in support of this application. Applications which do not have the relevant documentary evidence cannot be considered.

Has the apprentice/learner received learning support during the year? YES/NO

If so, please attach a report in support of this application from the appropriate service within your centre.

Declaration: This application is supported by the employer/provider coordinator and relevant tutors:

Signed by Coordinator or Examinations Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed form and supporting evidence to:

Post:

Innovate Awarding  
Block F  
291 Paintworks   
Arnos Vale  
BS4 3AW

Email:

[Compliance@innovateawarding.org](mailto:Compliance@innovateawarding.org)

If you have any queries at regarding completing and submitting this form, or about reasonable adjustments and special considerations in general, please contact Innovate Awarding:

Telephone: 0117 314 2800

Email: [Compliance@innovateawarding.org](mailto:Compliance@innovateawarding.org)

For completion by Innovate Awarding only

Date application received by Innovate Awarding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the provider Coordinator

Cc Centre Examinations Officer

The application cannot be considered until the following information has been received:

|  |
| --- |
|  |

The above-named apprentice/learner may have the following reasonable adjustments arrangements for the examinations set out below:

|  |
| --- |
|  |

Please ensure that the apprentice/learner and all relevant staff, including invigilators, are aware of this agreement and that the appropriate arrangements are put in place.

Innovate Awarding Head of Compliance signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_