Application for Reasonable Adjustments for Apprentices/Learners with Particular Requirements

**For Qualifications please note:** Some adjustments within qualification delivery do not require Innovate Awarding’s prior approval. Please read the Qualifications Reasonable Adjustments and Special Consideration policy for guidance.

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

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| --- | --- |
| **Provider/Centre name** |  |
| **Apprentice/Learner name** |  |
| **Apprentice ULN** |  |
| **Full Qualification/Standard Title** *(as it shows on QuartzWeb /epaPRO)* |  |
| **Qualification Number**  *(Qualifications only)* |  |

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| **Reason for application:** |
| Please include a summary of why the application is being submitted and the support given to the apprentice/learner during their training | |
|  | |

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| **Reasonable adjustments required:** | |
| Please provide **specific** details of the reasonable adjustments being requested. Where adjustments are being requested for multiple assessment methods, please ensure adjustments are listed specifically for each component (one per row). | | |
| **Assessment method(s)** | **Adjustment(s) required** | |
| *e.g., MCQ* | *e.g., 25% additional time, a reader* | |
| *e.g., Professional Discussion* | *e.g., rest breaks* | |
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| **Supporting evidence:** |
| Please list all supporting evidence attached with this request (this may be a report from an independent specialist, diagnostic assessment etc.) | |
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Applications which **do not** have the relevant documentary evidence, or a signed (written or electronic) declaration, cannot be considered and **will be rejected**.

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| **Declaration** |
| **This application is supported by the employer/provider coordinator and relevant tutors.** | | | |
| Has the apprentice/learner received learning support during the year? (Yes/No)  *If the apprentice has received learning support, please attach a report in support of this application from the appropriate service within your centre/training provider.* | | |  |
| **Signed by Coordinator or Examinations Officer:** | |  | |
| **Print Name:** | |  | |
| **Date of application:** | |  | |

Please return the completed form and supporting evidence to: [compliance@innovateawarding.org](mailto:compliance@innovateawarding.org)

If you have any queries regarding completing and submitting this form, or reasonable adjustments in general please contact us on the email above.

**For completion by Innovate Awarding Only**

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| Date application received: | |  |
| The below adjustments **have** been agreed**:** | | |
|  | | |
| The below adjustments **have not** been agreed**:** | | |
|  | | |
| Signed by: |  | |
| Role: |  | |
| Date reviewed: |  | |

**Note to all:** 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.