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 Considerations Policy and Procedure** for guidance.

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

Applications will be reviewed within **15 working days** once acknowledged.

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| **Provider/Centre name** |  |
| **Apprentice/Learner name** |  |
| **Apprentice ULN** |  |
| **Full Qualification/Standard Title** *(as it shows on QuartzWeb /epaPRO)* |  |
| **Standard Version Number***(EPA only)* |  |
| **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., 25% additional time* |
|  |  |
|  |  |

Should a reader and/or writer be requested, this must be in addition to the invigilator

**Rest breaks:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment method** | **How many rest breaks are required?** | **What length of time is required for each of the rest breaks?** | **Total length of rest break for the assessment** |
| *e.g., Professional Discussion* | *e.g.,2* | *e.g., 5 minutes* | *e.g.,10 minutes* |
|  |  |  |  |
|  |  |  |  |

Should a rest break be required the apprentice/learner must remain on camera/be visible at all times. If the apprentice/learner moves to another area this would require a room sweep. The apprentice/learner cannot interact with anyone else whilst on a rest break.

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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, cannot be considered and **will be rejected**.

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

This form needs to be submitted from an individual/or shared mailbox at the training provider. The form does not have to be submitted by the person named in the declaration.

Please return the completed form and supporting evidence to: 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**:** |
|  |
| **Approved 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.