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 |  |
| Apprentice ULN |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Qualification Standard title (as it shows on Quartz for qualifications / EPA Pro for Standards) | Level | Qualification code (if applicable – Qualifications only) | Assessments requiring adjustments | Assessment /test date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Reason for application:

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| --- |
|  |

Please provide *specific* details of the reasonable adjustments requested in the box below. 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.

|  |
| --- |
|  |

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 training 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:**

*The form will not be processed without a written or electronic signature.*

**Please return the completed form and supporting evidence to:**

**Email:**

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

**Post:**

Innovate Awarding  
Block F  
291 Paintworks   
Arnos Vale  
BS4 3AW

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:

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

For completion by Innovate Awarding only

Date application received by Innovate Awarding:

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 Regulation & Compliance Manager signature:

Date: