Please use this form if you feel a learner requires any access arrangements to support them throughout delivery and/or assessment of the course. Depending on the type of request we may request further information and supporting evidence from you.

Reasonable adjustments are any actions/arrangements made prior to start of a course/programme to reduce the effect of a disability or difficulty that places a learner at a substantial disadvantage. These adjustments are made with learners and support the assessment of learners with a permanent, long-term or temporary disability, a learning difficulty, illness or indisposition.

Special consideration is the implementation of arrangements at the time of an assessment to allow competence to be demonstrated by learners who have been disadvantaged or were unable to attend an assessment due to emotional/physical difficulties or adverse circumstances. Adverse circumstances may prevent some learners from completing their qualification within their given registration period. Where this occurs, learners might request extension to registration via special consideration.

| Name:  *Name of the person completing this form.* | |  | | | |
| --- | --- | --- | --- | --- | --- |
| Role:  *Please confirm if you are a learner or what your role is?* | |  | | | |
| Date of Birth:  *This is only required for the learner.* | |  | | | |
| Recognised centre name:  *If applicable.* | |  | | | |
| Address: | |  | | | |
| Email address: | |  | | | |
| Telephone number: | |  | | | |
| Qualification title:  *Which qualification this relates to.* | |  | | | |
| Learner registration number: | |  | | | |
| Event authorisation number (EAN): | |  | | | |
| Type of request:  *Please ✓ one type.* | | Reasonable adjustment request | | |  |
| Special consideration request | | |  |
| Description of the disability, difficulty or adverse circumstances: | |  | | | |
| Assessment type affected and explanation of what is required to be put in place to meet the learners needs: | |  | | | |
| Declaration | | | | | |
| *I confirm that the information included in this form is accurate, to the best of my knowledge.* | | | | | |
| Name: |  | | Date: |  | |