REASONABLE ACCOMMODATION IN ASSESSMENT APPLICATION FORM

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| **REASONABLE ACCOMMODATION IN ASSESSMENT**  **APPLICATION FORM** | | | |
| **This request must be completed at the start of the course and be submitted along with** **relevant evidence/documentation to the relevant designated person for approval.** | | | |
| **Part A:**  **This section must be completed by the learner or a nominated person** | | | |
| Provision Name: |  | | |
| Learner Name: |  | | |
| Award/Course: |  | | |
| Module(s): |  | | |
| Assessor(s): |  | | |
| Assessment Techniques: | Examination  Skills Demonstration  Assignment | | Project  Learner Record  Collection of Work |
| Details of reasonable accommodation being requested: | | | |
|  | | | |
| Supporting relevant evidence/documentation included: | | Yes No | |
| Details of supporting relevant evidence/documentation: | | | |
|  | | | |
| Learner Signature: |  | | |
| Date: |  | | |

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| **Part B:**  **Office Use**  **This section must be completed by the relevant designated person** | |
| Name: |  |
| Receipt date of application: |  |
| Details of relevant evidence/documentation: |  |
| Application: |  |
| Adaptation of assessment details: |  |
| Signature: |  |
| Date: |  |

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| **REASONABLE ACCOMMODATION IN ASSESSMENT**  **APPLICATION FORM** | |
| **Part C:**  **Office Use**  **This section must be completed by the relevant designated person and returned to the learner and assessor(s)**  **Note: This section must accompany relevant assessment material when submitted for certification** | |
| Learner Name: |  |
| Date of Decision: |  |
| Outcome: | Successful Unsuccessful |
| If granted, details of assessment adaptation: |  |