Please complete all fields and store securely.

|  |  |  |  |
| --- | --- | --- | --- |
| **Centre No** |  | **Centre name** |  |
| **Learner** **No** |  | **Learner name** |  |

|  |  |
| --- | --- |
| **Qualification number** |  |
| **Qualification title**  (learner is registered on) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit Details (if appropriate)** | | | |
| **Unit No** |  | **Unit Title** |  |
| **Unit No** |  | **Unit Title** |  |
| **Unit No** |  | **Unit Title** |  |
| **Unit No** |  | **Unit Title** |  |
| **Unit No** |  | **Unit Title** |  |

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| --- | --- | --- | --- |
| **Reason for adjustment** | | | |
|  | | | |
| **Access arrangement requested** | | | |
|  | | | |
| **Please provide details of supporting evidence below, this may include:**   * The centre’s assessment of the learner’s needs * History of provision for the learner within the centre * Medical certificate * Psychological or other professional assessment report | | | |
|  | | | |
| **Declaration:** I am satisfied that the information provided on this form is accurate. I fully support the application and confirm that the learner is/will be appropriately entered for the examination(s)/course(s) concerned and will be able to demonstrate the assessment objectives required by the specification. | | | |
| **Signature** |  | **Date** |  |
| **Centre Quality Contact Name** (Please print) |  | | |