



TITLE: Special Considerations & Reasonable Adjustments Form

Approved By: Directors

Quality Manager Name:		Date:	/ /
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Candidate Details					
Forename		Surname		Date of Birth	
Parent / Guardian (If under 18)		Name		Course:	
Address				☎ Mobile No	
		Post Code		@ E-mail	

Nature of Adjustment		Tick as appropriate
Access Arrangements	Extra time.	<input type="checkbox"/>
	A reader.	<input type="checkbox"/>
	A scribe.	<input type="checkbox"/>
	The use of assistive software (screen reader/voice recognition).	<input type="checkbox"/>
	Documents and resources printed on coloured paper.	<input type="checkbox"/>
	Supervised rest breaks.	<input type="checkbox"/>
Reasonable Adjustments (Learner specific give details)		<input type="checkbox"/>
Special Consideration	Illness	<input type="checkbox"/>
	Injury	<input type="checkbox"/>
	Temporary Disability	<input type="checkbox"/>
	Permanent Disability	<input type="checkbox"/>
	Learning Need	<input type="checkbox"/>
	Medical Condition	<input type="checkbox"/>
Exceptional Circumstances (Learner specific give details)		<input type="checkbox"/>

Please use this section to give any additional details.

Special Considerations & Reasonable Adjustments Review (Quality Manager use only)	Y/N (n/a)
Can the learner continue their course of study or activity?	
Has any evidence associated with this request been recorded and securely stored?	
Has the learner's enrolment form and induction form been recorded and securely stored?	
Has the course IV been notified?	
Has the course EV been notified?	
Has the course's Awarding Body requirements been met, and have they been notified within 10 working days?	
Has the learner been informed of the outcome of this application?	

Financial	Details of Refund Request	Bank Details
<p>If your request for special considerations includes a partial or full refund please give details of your request here.</p>	<p>*Please note that at this stage your request for a refund has not been confirmed and will be reviewed by the Quality Manager.</p>	Account Name:
		Account Number:
		Sort Code:
	Amount Requested:	

Quality Manager Signature:		Date:	/ /
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