**Reasonable Adjustment Application form
(End Point Assessment)**

**Reasonable Adjustment Application – End Point Assessment**

Please ensure you have read and understood the Reasonable Adjustment Policy before completing this application.

|  |  |
| --- | --- |
| Learner name:  |  |
| Learner DOB:  |  |
| Training Provider:  |  |
| Standard:  |  |
| Assessment date (if booked):  |  |

Please state the reasons for the reasonable adjustment request by indicating the learner’s needs (please tick all that apply):

☐ Cognitive processing need

☐ Social/communication need

☐ Long standing illness

☐ A mental health condition

☐ A physical need

☐ Hearing need

☐ Visual need

☐ Other

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| --- |
| Please give more detail as to the learner’s specific need(s) below:  |
|  |

# Reasonable adjustments requestedPlease state below the reasonable adjustments required and which assessment methods these should be applied to.

|  |  |
| --- | --- |
| Reasonable adjustment | Applicable assessment methods |
|  |  |
|  |  |
|  |  |
|  |  |

# Evidence in support of the application

Training Providers are required to hold evidence/information to support the application and make this available to Highfield upon request.

Please indicate below what type of evidence you hold to support the application.

☐ Medical certificate or doctor’s note

☐ Psychological or professional assessment report

☐ Education and Health Care Plan (EHCP)

☐ Screening test

☐ Other (please state below)

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**Declaration:**

I confirm that the information provided above is accurate and provides an adjustment that is considered “reasonable” and in line with the learner’s “normal way of working”.

I hold evidence to support the above application and will make this available to Highfield upon request.

I fully support the request and confirm that the learner is able to demonstrate the skills, knowledge and understanding required by the assessment plan.

|  |  |
| --- | --- |
| Name:  |   |
| Job title/position:  |   |
| Signature:  |   |
| Date:  |  |