

## Appendix 2

### 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 (Centre):	
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

Please give more detail as to the learner's specific need(s) below:

### Reasonable adjustments requested

Please 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**

Centres 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)

--

**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:	