

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)

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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:	