Reasonable Adjustment Form

Use this form to request reasonable adjustments for an individual learner.
Please send a copy of this form and any supporting documentation to epa@rtitb.com

Employer Name:	
Training Provider Name:	

Learner Details

Forename:	
Surname:	
Registration Number/ Unique Learner Number *(if applicable)*:	

Course/Apprenticeship Details

Course/Apprenticeship Name:			
Start Date:		End date:	
Assessment type: *(theory, practical etc.)*			
Assessment date:			

Reasonable adjustment being requested.
For further support in your request see: https://www.instituteforapprenticeships.org/quality/ end-point-assessment-reasonable-adjustments-guidance/

Extra Time:	
Scribe:	
Reader:	
Other:	

Supporting evidence and normal ways of working
Give as much evidence as possible to support your apprentice

Special Consideration Request Form

Declaration

I am satisfied that the information provided on this form is accurate and fully supports the application

Name:		
Position:		
Email:	Contact number:	
Signature:		
Date:		

RTITB USE ONLY

Authorised/Declined By:	
Date responded to original request:	
Date added to MI:	
Signed:	