

Reasonable Adjustments Application Form

Please complete a separate form for each candidate and send a completed copy to qualifications@asdan.org.uk no later than 10 working days before the relevant moderation date.

Centre number

Candidate number

Centre name

Candidate name

Assessment date/session

Qualification code

Unit name and level

Qualification title and level

Reason for application:

Reasonable adjustments required (please be specific):

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Evidence in support of the application

This may include:

- The centre's assessments of the candidate's needs
- History of provision within the centre
- Medical certificate
- Psychological or other professional assessment report

Please provide details of supporting evidence:

Please provide details of access facilitator required (where applicable):

Declaration

I confirm that:

- The information provided is accurate;
- The centre will be able to provide the arrangements requested;
- The reasonable adjustments will be implemented in accordance with the guidance given by the awarding organisation

Name:

Signature:

Position in centre:

Date: