# **Reasonable Accommodation in Assessment – Application Form (Training Services)**

Part A

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| Learner Name: | | | Email Address: | | | | | Tel No.: | |
| Centre or Provider: | | | Course: | | | | | PLSS code: | |
| **Details of Reasonable Accommodation (RA) being Requested:** | | | | | | | | | |
| I would like to apply for RA for: | All Assessments throughout my course | | | | | For a specific assessment, or assessment period | | | |
| Please describe why you need Reasonable Accommodation. You may add extra sheets if required. | | | | | | | | | |
| **To be completed by the learner with their teacher(s) / tutor(s). Extra sheets can be added if required.** | | | | | | | **To be completed by Programme Coordinator** | | |
| **Module Code(s) & title(s)** | | **Tutor / Teacher** | **Assessment Techniques (e.g. Exam, Online Exam, Skills Demo)** | | **Assessment date (if known)** | | **RA Granted Y/N** | **Details of RA granted.** | |
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| **Details of supporting relevant evidence / supporting documentation** | | | | | | | | | |
|  | | | | | | | | | |
| Learner’s  Signature | | | Date: | Programme Coordinator  Signature: | | | | | Date: |

**Forward a copy of this form including the decision to the Quality Assurance Support Service. File supporting documentation in the Centre**

**Reasonable Accommodation in Assessment - Appeal**

**Right to Appeal**

If your application for Reasonable Accommodation is refused, you may appeal the decision. The Programme Co-ordinator will forward your application to the Quality Assurance Support Service for review by a member of the Senior Management Team (SMT)

**PART B**

**Please sign here if you wish to appeal the decision: …………………………………………………………………………………………….. Date: ………………………………..**

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| **Part C: Appeal Decision (Quality Assurance Support Service Office Use)** | | | | | | | |
| *This section must be completed by the member of the SMT who decides the appeal* | | | | | | | |
| **Date of Decision** | |  | | | **Outcome** |  | Successful |
|  | Unsuccessful |
| **If successful, list details of assessment adaptation:** | | | | | | | |
| Component | | | Tutor/Teacher | Assessment Techniques (eg Exam, Skills Demo, etc) | | | Details of RA (eg Scribe, Reader, etc) |
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| Note(s) (if any) | | | | | | | |
| **Signed:** |  | | | | | | |
| (Member of LOETB SMT) Date | | | | | | |