



Form to Apply for Reasonable Adjustments

A reasonable adjustment is any action that helps to reduce the effect of a disability or difficulty that places the learner at a substantial disadvantage in the assessment situation. Reasonable adjustments must not affect the reliability and validity of assessment outcomes and must be as rigorous as assessment methods used with other learners.

Please read the [Access to Fair Assessment policy and procedure](#) prior to completing this. The permissions table lists the most commonly requested adjustments to standard assessment arrangements. Reasonable adjustments permitted at the discretion of the centre should be agreed with the Internal Verifier and included in the sampling process for internal verification. For reasonable adjustments permitted at the discretion of the Quality Reviewer please contact the EV directly for a decision. For all other reasonable adjustments please complete this form.

This form should be used by centres to apply for reasonable adjustments on behalf of each individual learner. If the learner is registered on a number of units please list all the units on this form, do NOT submit individual applications for each unit. The form should be addressed to the Quality Reviewer and submitted to Trident Awards (trident@laser-awards.org.uk) at least 15 working days prior to the learner undertaking the assessment. Requests for Braille translations must be submitted at least 30 working days prior to the learner undertaking the assessment.

PLEASE KEEP A COPY OF THIS APPLICATION FOR AT LEAST 3 YEARS FROM THE END OF THE YEAR TO WHICH IT RELATES

Centre Name:		Centre Number:	
Site Address:			
Date of assessment:		Time of assessment:	
Qualification Code and Title (if applicable)			
Unit(s) Title / Level			

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Name of learner(s) for which application is made:		
Full Name	Learner Registration No.	Post Code

Reason for application

Reasonable adjustments required

Supporting evidence: This must include one or more of:

- the centre's assessments of candidate's / learner's needs.
- history of provision within the centre.
- medical certificate.
- psychological or other professional assessment report.

Please provide details of supporting evidence:

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Please provide details of how the reliability and validity of the assessment will be maintained:

Declaration: I confirm that:

- the information in the application is accurate.
- the centre will be able to provide the arrangements requested if the application is approved by LASER.
- the reasonable adjustments will be implemented in accordance with the guidance given by LASER.
- the Centre will not exceed the allowances given.

Name:	
Position in Centre:	
Contact Number:	
E-mail address:	

Signature:		Date:	
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For use by LASER:		
Application Received:	Application acknowledged:	Application agreed:
Further action:		