



Welcome to Accelerate

Classification: Public

Reasonable Adjustment Form

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| **Version History** |
| **Version**  | **Date Amended** | **Changes Made** |
| 1 | Jan 2021 | Document created  |
| 1.1 | Sept 2021 | Logo added  |
| 2 | July 2022 | Included the different End-point assessment methods in line with the new standards  |
| 3 | Jan 2023 | Including IfATE guidance, updated to include additional assessment methods for revised Digital Standards. Additional information added to clarify requests for Special Considerations. |
| 4 | Sept 2023 | Updated to include the changes made by IfATE  |
| 5 | Sept 2024 | Annual review, added document classification and branding  |

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# Guidance on Completing the Form

This process should begin as soon as the employer and training provider are aware that the learner is likely to need reasonable adjustments for the End-point Assessment (EPA).

All adjustments requested should mirror the types of reasonable adjustments and additional support that the learner has received from their employer and training provider in their workplace and off the job training.

In all cases the training provider, with input from the employer and the learner, must apply to Accelerate People for reasonable adjustments to be applied to the EPA.

Evidence of the difficulty / disability will be required to support the application, along with evidence of any existing adjustments or additional support provided by the employer or training provider at each stage of the apprenticeship. All cases will be considered on an individual basis.

The training provider should complete Accelerate People’s Reasonable Adjustments application form and return via ACE360 shared documents. A reasonable adjustment must also be requested via ACE360. A decision regarding reasonable adjustments will be confirmed within 10 working days.

We highly recommend that Reasonable Adjustment applications are submitted as soon as the employer and training provider are aware of the required adjustments, to prevent any delays to the Gateway process.

Before completion of this request, you MUST refer to the Accelerate People Reasonable Adjustments and Special Considerations Policy which contains all of the necessary information to complete the form. When completing the form please ensure all fields are fully completed.

Below is an overview of what information is required:

**Section 1:**

Include the training provider, learner, and apprenticeship standard.

**Section 2:**

Select the box that is most relevant to the type of disability.

**Section 3:**

Against the relevant assessment element, where the reasonable adjustments are required:

In the ‘Type of Reasonable Adjustment Requested’ column, detail the type of reasonable adjustment required, for example – 25% extra time.

In the ‘Justification for Reasonable Adjustment’ column, detail the reason why the adjustment is needed.

In the ‘Evidence Submitted in Support of Request’ column, detail what supporting evidence has been provided and where the evidence is located, for example – ACE360 shared documents.

**Section 4:**

Provide as much information as possible on how the reasonable adjustment request mirrors adjustments applied in the workplace and off the job training for the learner.

**Section 5:**

This is where you can provide any further additional information that is appropriate to the reasonable adjustment request.

**Section 6:**

The declaration section must be completed by the learner, and training provider. The learner is asked to confirm the reasonable adjustments have been agreed by their employer. This is to ensure the information is correct and the reasonable adjustments have been applied throughout each stage of the apprenticeship.

# Reasonable Adjustment Form

# Section 1

|  |  |
| --- | --- |
| **Training Provider** |  |
| **Learner name** |  |
| **Unique Learner Number (ULN)** |  |
| **Apprenticeship Standard Number**  |  |
| **Apprenticeship Standard Title and Version**  |  |

# Section 2

|  |  |  |
| --- | --- | --- |
| **Disability Code** | **Type of disability** | **Tick relevant box** |
| 1 | No known disability |[ ]
| 2 | Cognitive processing needs such as dyslexia, dyspraxia; a need for executive function, visual processing speed, visual perception, literacy, numeracy, verbal reasoning, verbal memory, and nonverbal memory |[ ]
| 3 | Social/ communication needs such as autistic spectrum condition |[ ]
| 4 | Long standing illness such as cancer, epilepsy, Crohn’s, IBS, Chronic Fatigue |[ ]
| 5 | A mental health condition |[ ]
| 6 | A physical need such as crutches or wheelchair user, arthritis, paraplegia, quadriplegia, cerebral palsy |[ ]
| 7 | Hearing need |[ ]
| 8 | Visual need |[ ]

# Section 3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment Element** | **Reasonable Adjustment Matrix Code** | **Type of Reasonable Adjustment(s) Requested (please refer to matrix)** | **Justification for Reasonable Adjustment (mandatory field)** | **Evidence Submitted in Support of Request and location (mandatory field)** |
| Synoptic project | D |  |  |  |
| Case study | D |  |  |  |
| Project **or**Work-based project **or** Project proposal **or**Project & presentation | D |  |  |  |
| Knowledge unit tests | C |  |  |  |
| Technical test | C |  |  |  |
| Scenario demonstration & questioning | A, B, F |  |  |  |
| Presentation & questioning **or**Presentation & interview | E, F |  |  |  |
| Professional discussion (with or without an underlying portfolio) **or**Questioning **or**Interview | F |  |  |  |
| Simulated assessment | A, B |  |  |  |
| Practical assessment | A, B, F |  |  |  |

# Section 4

|  |  |
| --- | --- |
| **Explanation of how the reasonable adjustment request mirrors adjustments applied in the workplace and off the job training (mandatory field)** |  |
|  |

# Section 5

|  |
| --- |
| **Additional Information**  |
|  |  |

# Section 6

**Learner Confirmation:**

I confirm that the information provided is accurate and has been agreed with my employer. The reasonable adjustments are correct and have been put into place at each stage of the apprenticeship, where appropriate. I agree to this data being shared with Accelerate People.

|  |  |
| --- | --- |
| **Learner Signature**  |   |
| **Name**  |     | **Date**  |   |

**Training** **Provider Confirmation:**

I confirm that the information provided is accurate. The reasonable adjustments are correct for the learners’ needs and have been applied throughout each stage of the off the job training.

|  |  |
| --- | --- |
| **Signature**  |     |
| **Name**  |     | **Email**  |   |
| **Date**  |     | **Phone number**  |   |

**Please note if this form is not fully completed, it may delay any approved adjustments.**

**Accelerate People use only:**

|  |  |  |
| --- | --- | --- |
| **For use by Accelerate People:**  |  |  |
| **Date form received:**  |   |  |
| **Request approved:**  | **Approved** | **Not Approved** |
| **Date decision sent back:**  |   |  |
| **Action required:**  |      |  |
| **Name:**  |  |  |
| **Signature:**  |   |  |
| **Date:**  |   |  |

