

Reasonable Adjustments During End-Point Assessment: Application Form			
(Email to: <a href="mailto:enquiries@therailacademy.com">enquiries@therailacademy.com</a> )			
About the apprentice and programme			
Name of the apprentice:		Apprentice ULN	
Name of the Employer:			
Name of the Training Provider:			
Contact Details (email and phone)			
Preferred method of contact			
Title and Level of the Apprenticeship:			
Date of end-point assessment:			
Disability or Learning Difficulty Code reference list	<ol style="list-style-type: none"> <li>1. No known disability.</li> <li>2. Cognitive processing need, such as dyslexia, dyspraxia; a need in executive function, visual processing speed, visual perception, literacy, numeracy, verbal reasoning, verbal memory, nonverbal memory.</li> <li>3. Social/ communication need such autistic spectrum condition.</li> <li>4. Long standing illness such as cancer, epilepsy, Crohn's, IBS, Chronic Fatigue.</li> <li>5. A mental health condition.</li> <li>6. A physical need such as crutches or wheelchair user, arthritis, paraplegia, quadriplegia, cerebral palsy.</li> <li>7. Hearing need.</li> <li>8. Visual need.</li> </ol>		
Details of the reasonable adjustments and additional support that the apprentice has received during their apprenticeship training programme			
Reasonable Adjustment Request			
The request should mirror the types of reasonable adjustments and additional support that the apprentice has received from their employer and/or training provider during their apprenticeship programme.			

**Reasonable Adjustments Application form.**

End-point Assessment Component (eg, project, interview)	Disability or Learning Difficulty Code	Reasonable Adjustment(s) Requested *	Supporting Evidence**

\* for example: wheelchair access/adapted equipment, printed materials in accessible format, specialist software, reader, scribe, coloured overlays, extra time, rest breaks (please use the chart in appendix C to determine appropriate adjustment request).

\*\* copy of diagnosis, expert supplying the diagnosis and date

**Declaration**

I confirm that the above apprentice has been assessed as requiring reasonable adjustments, that the apprentice has been fully involved in any discussion about requests for reasonable adjustments.

Role and Signature of employer representative	
Signature of training provider representative	
Date	

**Record of TRA Review and Decision**

Name and job title of application reviewer		
Decision Detail		
End-point Assessment Component (eg, project, interview)	Decision	Detail (Detail of reasonable adjustments approved or explanation for rejection)

<p><b>Declaration</b></p> <p>This is to confirm that the decision regarding reasonable adjustments has been made without any conflict of interest, and that where:</p> <ul style="list-style-type: none"> <li>the application has been approved; the reasonable adjustments have been detailed and are in line with those expected of industry standards and health and safety requirements, and that the adjustment will not impact upon the integrity of the assessment.</li> <li>the application has been rejected; a full explanation has been provided alongside the rights to appeal.</li> </ul>		
Signature		
Date		
Date decision reported to applicant:		
Summary of actions for TRA to ensure they are in place prior to assessment		