**Reasonable Adjustment Request**

This form should be read in conjunction with the published Reasonable Adjustments and Special Considerations Policy. All sections of the form should be completed. Please email the completed form for the attention of SIAS clearly marked as an application for Reasonable Adjustment to admin@siasuk.com or uploaded to the gateway section on EPA Pro.

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| --- | --- |
| **Apprentice Information** | |
| Apprentice Name |  |
| Standard Name |  |
| Date of Request |  |
| Date of Assessment (if known) |  |
| Name of Requester (if not apprentice) |  |
| Job Title/Position (if not apprentice) |  |

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| --- | --- | --- |
| **Reasonable Adjustment Request** | | |
| Please state the nature of the disability/learning need: | | |
| Please state the special assessment arrangements requested including the assessment components the requests relate to: | | |
| Assessment Component Name: | Assessment Component Date: | Reasonable Adjustment Requested: |
|  |  |  |
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Please provide any evidence to support this application (copies are acceptable). Examples of evidence could be a relevant diagnostic report or statement of learning needs or medical condition from appropriately qualified personnel.

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| **Confirmation** | |
| Date of Submission |  |
| Full Name |  |
| Signature |  |

**PLEASE NOTE:** Requests for reasonable adjustments must be submitted at gateway.

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| **SIAS Use Only** | | |
| Date Received |  |
| Information Attached? Yes/No |  |
| If No, Date Further Info Requested |  |
| Approved Yes/No? |  |
| If No, State Reason(s) |  |
| Date Approved |  |
| Date Response Sent |  |