**Application for Reasonable Adjustments / Access Arrangements form**

This form must be used to collate the evidence and must be kept on file by the Training Provider by the SENCo for inspection purposes. The SENCo, or the access arrangements assessor working within the Training Provider must complete this form.

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| --- | --- | --- | --- |
| Candidate Name: |  | Candidate ULN: |  |
| Employer Name: |  | Apprenticeship Code: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Training Provider |  | Contact Details |  |
| EPA Date: | Click or tap to enter a date. | EPA Location |  |

**Part 1:**

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| **If the candidate has previously been granted reasonable adjustments or access arrangements by an awarding body, please specify.** |

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| **What is the candidate’s history of difficulties?** |

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| **What are the candidate’s current difficulties with tests and assessments?** |

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| **What support and adjustments were in place for the candidate during on-programme assessments?** |

**Part 2:**

|  |  |
| --- | --- |
| **Has the candidate been assessed by a qualified SENCo or Access Arrangement Assessor?** | Yes [ ]  No [ ]  |

If the candidate has been assessed the Training Provider will need to include the full report with this completed form to allow Marshall Assessment to consider alterations to the End Point Assessment. A summary of the findings should be included below:

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| Summary of findings and requested alterations to EPA: |
| **Declaration:** I am satisfied that the information provided is accurate and fully support the application. |
| **Training Provider Representative** |
| Name (Please Print) |  |
| Signature |  |
| Date | Click or tap to enter a date. |

**Marshall Assessment Use Only:**

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| **Notes:** |
| **Marshall Assessment Representative** |
| Name (Please Print) |  |
| Signature |  |
| Date: | Click or tap to enter a date. |