

Application to WTC for a Reasonable Adjustment (RA) or Special Consideration (SC)

Please refer to the reasonable adjustments and special considerations policy before completing.

| Section 1 should be completed by, or on behalf of, the learner requesting a Reasonable Adjustment | | | | |
|---|---------------------------|--|--|--|
| Application Reason RA or SC | Click here to enter text. | | | |
| Learner Name | Click here to enter text. | | | |
| Qualification/Programme Title | Click here to enter text. | | | |
| Qualification/Programme Code | Click here to enter text. | | | |
| Unit Titles: | Click here to enter text. | | | |
| Unit Number/Code: | Click here to enter text. | | | |

1. Please indicate why you are making the request;

Click here to enter text.

2. Please provide details of any support or changes that are being requested:

Click here to enter text.

3. Please provide any details of supporting information (if available) and attach a copy.

Click here to enter text.

| Section 2 should be completed by the tutor/assessor/programme coordinator | | | |
|---|---------------------------|--|--|
| Tutor/assessor/programme | | | |
| coordinator name | Click here to enter text. | | |
| | | | |

1. Please Provide details of the adjustments or special conditions you are requesting, identifying the assessment criteria or learning outcomes of a programme or qualification to which they apply:



Click here to enter text.

Declaration:

I confirm that the information provided above is accurate:

| Signature*: | | Date: | Click here to enter a date. |
|---------------------|---------------------------|-------------------|-----------------------------|
| Position in Centre: | Click here to enter text. | | |
| E-mail: | Click here to enter text. | Contact Number | Click here to enter |