

RA and SC request form

Details	
Training provider:	
Apprentice name:	
ULN:	
Apprenticeship standard and level:	
What is being requested?	Reasonable adjustment <input type="checkbox"/> (Go to section 1) Special consideration <input type="checkbox"/> (Go to section 2)

Section 1 – reasonable adjustment	
Please give detail as to the apprentice’s specific need(s) below:	
State the supporting evidence that has been submitted with this form:	
Please state the reasonable adjustments requested and which assessment method(s) these should be applied to:	
Reasonable adjustment	Applicable assessment methods

Progress minded: Office use only		
Is the request approved:	Approved: <input type="checkbox"/>	Not approved: <input type="checkbox"/>
Rationale		

Section 2 – special consideration	
Which assessment method(s) apply?	
Date of the assessment(s)	
Details of the extenuating circumstance or event that negatively impacted the apprentice:	
What would be the best outcome for your request?	
Evidence provided (if applicable)	

Progress minded: Office use only		
Is the request approved:	Approved: <input type="checkbox"/>	Not approved: <input type="checkbox"/>
Rationale		

Version control

Version	Date	Change	By whom
V2.0	07.07.2025	Add a version control table. Updated document formatting. Combined with the special consideration request form.	Cherie Heaven Owen Twidale