

REASONABLE ADJUSTMENT APPLICATION END-POINT ASSESSMENT

Please complete this form for sending to ABP at least five working days before the start of your course.

Learner ID _____

Learner NAME _____

Examination/Assessment DATE _____

Qualification TITLE _____

Assessment DATE (in booked) _____

<p style="text-align: center;">Reason and details for requesting reasonable adjustment(s)</p> <p style="text-align: center;">Type of reasonable adjustment(s) required</p>

Evidence in Support of the Application

- Medical certificate or doctor's note
- Psychological or other professional assessment report
- Other (please specify below)

--

Applicant's Declaration:

I confirm that the information provided above is accurate. I understand that ABP may independently verify this information and I grant my consent to that being carried out.

Name: Date

Signature: