**Application for reasonable adjustments or special consideration**

This form must be completed for all learners/apprentices who have particular requirements and need reasonable adjustments or special considerations to be made so they can access their FDQ qualification or apprenticeship End-point Assessment.

The form must be completed and signed by a member of centre staff.

**FDQ policies**

Before completing the form, FDQ strongly advise you to read FDQ’s Reasonable Adjustment Policy and/or Request for Special Considerations Policy. Our policies

* explain how FDQ deals with requests for reasonable adjustments and special considerations
* explain our evidence requirements
* set out timelines for submitting and processing applications.

**Evidence**

The evidence you provide to support the application should be from staff who know the learner/apprentice in a professional work context (e.g. assessor, tutor, doctor, counsellor). It may include:

* Completed JCQ form 8
* Medical certificates
* Statement of special educational needs e.g. from health care professionals
* Current ECHP

Please complete a separate application form for each learner or apprentice and send the form to FDQ’s email [fdq@fdq.org.uk](mailto:fdq@fdq.org.uk)

**Please ensure this form is completed fully with relevant evidence attached. If not fully completed it will be returned to you. We need this information to meet regulatory requirements for RA/SC.**

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| --- | --- |
| **Centre request for reasonable adjustments / special considerations** | |
| Centre Name |  |
| Learner / apprentice name |  |
| Learner / apprentice FDQ registration number |  |
| FDQ qualification / End-point Assessment title, number  E.g. FDQ L2 EPA for Butcher ST0078 AP06 610/0406/6  E.g. FDQ L2 Diploma for Professional Chef 603/6807/X |  |
| State which components of the qualification or EPA the RA/SC applies to  E.g. all components or MCQ test paper or professional discussion |  |
| Reason for application for reasonable adjustment/ special consideration |  |
| Type of application  Please state if application is for a reasonable adjustment or special consideration and provide details of the access arrangements/support required |  |
| Evidence to support application  Please list the evidence provided which could include:   * Completed JCQ form 8 * Medical certificates * Statement of special educational needs e.g. from health care professionals * Current ECHP |  |

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| **Centre declaration of request for reasonable adjustments / special considerations** | |
| I confirm that the information provided is accurate and that the centre will be able to provide the arrangements requested.  The reasonable adjustments/special considerations will be implemented in accordance with the FDQ’s policies and guidance. | |
| Name |  |
| Job title / role in centre  E.g. Assessor / Main Centre Contact |  |
| Signature |  |
| Date |  |