

EPAO- Reasonable Adjustments Application Form

Employer / Provider Name:	
Apprenticeship Standard: (Including level)	
Contact Email Address:	
Contact Telephone Number:	
Apprentice Name:	
Apprentice ULR Number:	
End- point Assessment Component e.g.	

Current Reasonable Adjustments:

Does the apprentice currently have any existing reasonable adjustments in place? Please tick any that apply.

- Up to 25% extra time
 Extra Time: up to 50%
 Extra Time: over 50%
 Reader
 Computer Reader
 Scribe
 Speech Recognition Technology
 Practical Assessment
 Language Modifier
 Other
 None

Reasonable Adjustment Request:

The below has been taken from the Institute for Apprenticeship and Technical Education (IFATE) Reasonable Adjustment Matrix.

Please indicate below the details for the evidence of need. You must provide a detailed account to support the application.	Please tick
1. Cognitive processing need such as dyslexia, dyspraxia; a need in executive function, visual processing speed, visual perception, literacy, numeracy, verbal reasoning, verbal memory, nonverbal memory	<input type="checkbox"/>
2. Social/ communication need such autistic spectrum condition	<input type="checkbox"/>
3. Long standing illness such as cancer, epilepsy, Crohn's, IBS, Chronic Fatigue	<input type="checkbox"/>
4. A mental health condition	<input type="checkbox"/>
5. A physical need such as crutches or wheelchair user, arthritis, paraplegia, quadriplegia, cerebral palsy	<input type="checkbox"/>
6. Hearing need	<input type="checkbox"/>

7. Visual need	<input type="checkbox"/>
Supporting evidence provided: Please tick and supply additional evidence to support this request.	<input type="checkbox"/>

If other, please specify here

Declaration: I confirm that the above apprentice has been assessed as requiring reasonable adjustments and / or special considerations. I can confirm that the Apprentice has been fully involved in any decisions in regard to adjustments / adaptations / considerations.

Signature and role of Employer / Provider representative:	
Name:	
Position:	
Date:	

Consent to share data:

The apprentice, that this application relates to, has provided their consent to processing this application and I hold a copy of this consent.

I confirm that appropriate evidence to support this application will be made available.

Signature:	
Name:	
Position:	
Date:	

FOR IET EPAO USE ONLY

IET representative to record justification for approval / rejection of Reasonable Adjustment and /or Special Consideration Request.

(Please tick) IET EPAO Use: Reasonable Adjustment Accepted Reasonable Adjustment Declined

Has the feedback and decision been communicated to the Employer/ Provider. please confirm

This is to confirm that the above Apprentice has been approved by the IET to have reasonable adjustments applied to the End-Point Assessment and that the approached deployed are in line with the expectations of the industry standard and health and safety requirements and that the outcomes secured demonstrated the appropriate levels of occupational competence.

Name of IET Representative:

Signature of IET Representative:

Date: