

Internal Quality Assurance

Reasonable adjustments request form



Please complete this form using **BLOCK CAPITALS**

Use this form to make a request for reasonable adjustments on behalf of a learner. This form should only be completed after reading document QA1 Access to Assessment policy.

Centre Details

Centre name: Singleton Training Services Ltd

Centre number:

Contact Name: Nigel Singleton

Position: Director

Address: The Training Hub, Unit14 Deacon Rd Business Park, Deacon Rd, Lincoln. LN2 4JB

Tel: 01522 300161

Email: nigel@singleton-associates.org

Details of Learner Making Request

Learner name: _____

Learner Address: _____

Please detail reasons for request: _____

Supporting documentation attached: Yes No

I confirm that I have verified the need for this request and the supporting documentation is authentic. (Centre co-ordinator to sign)

Signed: _____

Date: _____

Print Name: _____