



## Reasonable Adjustments Form

This form should be used to request reasonable adjustments or to inform Lantra of any reasonable adjustments which have been made. Please complete the form in conjunction with Annex 2 of the Provider Guidance Handbook. A form is required for **each** learner. Please send the completed form to [awards@lantra.co.uk](mailto:awards@lantra.co.uk)

Provider Name					
Learner Name					
Title of Training Course / Qualification and No. (please include <b>all</b> unit titles and numbers which comprise the request)					
Date of Assessment					
Paper based	Yes/No	Xams	Yes/No	Online Proctored	Yes/No
<b>Nature and degree of particular requirement(s) of learner</b> (Please provide details of the need for reasonable adjustments)					
<b>Supporting information</b> (Please provide details of any supporting information)					
Is current supporting evidence attached? If you do not supply evidence with this form you must keep it for your records, Lantra may request copies for auditing purposes.					Yes/No
<b>Declaration:</b> I am satisfied that the information provided is accurate and fully support the application.					
Name			Role		
Signature			Date		

Using the tick boxes below, please indicate **all** alternative assessment arrangements requested/made for this learner.

<b>The learner requires:</b>			
<input type="checkbox"/> Additional time (please state time required) <input type="checkbox"/> Supervised rest periods <input type="checkbox"/> Large print or otherwise modified type question papers (coloured paper) <input type="checkbox"/> Papers on computer <input type="checkbox"/> A speech synthesiser <input type="checkbox"/> Braille papers <input type="checkbox"/> Papers on audio tape <input type="checkbox"/> Large type answer sheets <input type="checkbox"/> Answers dictated and transferred to answer sheet <input type="checkbox"/> Answers handwritten and transferred to answer sheet <input type="checkbox"/> Answers on computer <input type="checkbox"/> A reader	<input type="checkbox"/> An amanuensis (writer/scribe) <input type="checkbox"/> A communicator <input type="checkbox"/> Sign language <input type="checkbox"/> A lip speaker or oral re-phraser <input type="checkbox"/> Overwritten test papers <input type="checkbox"/> A computer or word processor <input type="checkbox"/> A non-standard location <input type="checkbox"/> A separate room <input type="checkbox"/> Expert witness <input type="checkbox"/> A bilingual dictionary <input type="checkbox"/> Transcription <input type="checkbox"/> An interpreter (state language below)  <div style="border-top: 1px dotted black; padding-top: 5px;">           Please include the interpreter's details and a declaration signed by the interpreter that they have no conflict of interest.         </div>		
Other requirements, please detail below:			
Lantra Use Only: (Please include reasons for the decision)			
Approved		Declined	
Name		Signature	
Reference Number		Date	