**End Point Assessment Reasonable Adjustments &**   
**Special Consideration Request**

This form should be completed by the Apprenticeship Coach in conjunction with the Apprentice if any Reasonable Adjustments or Special Consideration should be required as part of the End Point Assessment Process

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of apprentice:** |  | | | |
| **Apprenticeship standard:** |  | | | |
| **Employer name:** |  | | | |
| **Apprenticeship Coach Name:** |  | | | |
| **Planned Date of End Point Assessment:** |  | | | |
| **Does the Apprentice have a Learning Contract in Place?** | **Yes** |  | **No** |  |

|  |  |
| --- | --- |
| **Request for:** (delete as necessary) | Reasonable adjustment / Special consideration |
| **Which assessment components does this request specifically apply to?** | |
|  | |
| **Reason for application:** | |
|  | |
| **Type of Reasonable Adjustment requested** (if applicable)**:** | |
|  | |
| **Details of supporting evidence:** This may include the training provider’s assessment of the apprentice’s needs, evidence of any existing adjustments or additional support provided, a medical certificate, psychological or other professional assessment report. The diagnosis evidence provided must have the name and job title of person who has diagnosed the apprentice clearly visible. | |
| **Title of evidence provided:** | **How this supports the request:** |
|  |  |
|  |  |

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| --- | --- |
| **Declaration:**  *I am satisfied that the information provided is accurate and fully supports the application.* | |
| **Apprenticeship Coach Signature:** |  |
| **Date:** |  |

**Submitting the form**  
Once complete, upload with additional evidence as required to Maytas Hub EPA visit type and ACE360 as applicable and then email [Apprenticeships@shu.ac.uk](mailto:Apprenticeships@shu.ac.uk) to confirm,

**APPRENTCESHIP OPERATIONS CONFIRMATION**

|  |  |
| --- | --- |
| **Confirmation:**  *I am satisfied that the information provided is accurate and fully supports the application and reasonable adjustments will apply:* | |
| **Senior Administrator:** |  |
| **Date:** |  |