Application for Reasonable Adjustment/Special Consideration by Approved Centre

Before completing this form, please ensure that you have referred to the Reasonable Adjustments and Special Considerations Policy, which is available to Centres on The Learning Machine’s [web-site](https://tlm.org.uk/policy-download-centre/).

In line with GDPR[[1]](#footnote-1) requirements, the Centre must ensure that they have consent from the learner in sharing any personal information, such as any medical conditions, with The Learning Machine.

Please complete a separate form for each individual learner and send to  [[helpdesk@tlm.org.uk](mailto:helpdesk@tlm.org.uk)](mailto:assurance@nocn.org.uk) by the stipulated deadline. You must also retain the form on file at your Centre for at least three years and make it available to a The Learning Machine External Quality Assurer upon request.

1. **Centre Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Centre Name |  | Centre Number |  |
| Contact Name |  | Contact Email |  |

1. **Learner Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Learner Full Name |  | Learner Registration ID |  |
| Date of Assessment |  | Time of Assessment (if applicable) |  |

1. **Qualification Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification Code |  | Qualification Level |  |
| Qualification Title | |  | |
| Unit(s) Title/Level  (*please list if not full qualification*) | |  | |

Reasonable Adjustment

1. **Rationale for Reasonable Adjustment**

Please refer to the Learning Machine Reasonable Adjustments and Special Considerations Policy available on The Learning Machine website to ensure that your application for Reasonable Adjustment and the evidence that you are supplying is valid.

**Reason for Application:**

|  |
| --- |
|  |

**Reasonable Adjustment(s) Required** (Please be specific):

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|  |

1. **Supporting Evidence**

Any application for an adjustment to assessment must be supported by evidence that is valid, sufficient, and reliable. In order to ensure that any adjustment to assessment will only provide the learner with the necessary assistance without giving him or her an unfair advantage over others, the Centre must be clear about the extent to which the learner is affected by the disability or difficulty.

Where the implications of difficulty are not obvious, such as for learning difficulties, any of the following types of evidence would be acceptable:

* + Evidence of assessment of the learner’s needs made within the Centre by a relevant staff member
  + History of the learner’s provision within the centre
  + Psychological, medical, or other professional assessment reports

**OR**

* + Evidence from a completed achievement test (such as WRAT) that measures reading recognition, spelling, and arithmetic ability.

**Please provide details of supporting evidence:**

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| --- |
|  |

**Please provide details of how the reliability and validity of the assessment will be maintained:**

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1. **Declaration**

Please tick the relevant option below, depending on whether the adjustment is permitted by Centres or whether you are requesting permission from The Learning Machine.

Guidance can be found in The Learning Machine’s Reasonable Adjustments and Special Considerations Policy, available on The Learning Machine website.

|  |  |
| --- | --- |
| Adjustment permitted by the Centre: | Adjustment permitted by The Learning Machine or Delivery Partner: |
| *I confirm that the information provided to The Learning Machine is accurate and that the adjustment(s) to assessment have been made in accordance with The Learning Machine guidance* | *I confirm that the information provided is accurate and that the Centre will be able to provide the agreements requested within this form. I also confirm that the reasonable adjustments will be implemented with the guidance provided by The Learning Machine, or Delivery Partner and that the Centre will not exceed the allowances given.* |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| Position in Centre |  | Contact Telephone Number |  |

**The Learning Machine USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received: |  | Date Acknowledged: |  |
| Decision: |  | **Date Decision Made:** |  |
| Further Action: | |  | |

Special Consideration

1. **Rationale for Special Consideration**

Please refer to The Learning Machine Reasonable Adjustments and Special Considerations Policy available on The Learning Machine website to ensure that your application for Special Consideration and the evidence that you are supplying is valid.

|  |  |  |
| --- | --- | --- |
| Date of exam/assessment | Did not sit component | Sat component but disadvantaged |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date problem began | Is problem continuing? | |
|  | Yes: | No: |

|  |
| --- |
| Summarise adverse circumstances affecting coursework, non-examination assessment or timetabled written examinations. (NB ‘See attached’ will NOT suffice.) |
|  |

|  |  |  |
| --- | --- | --- |
| Current medical/psychological evidence is attached | Yes: | No: |

|  |  |  |
| --- | --- | --- |
| For incomplete coursework, non-examination assessment, practical assessments, please indicate the mark awarded and the percentage of work completed. A breakdown of marks must be attached to this form. Centres must not enhance marks themselves. | Mark | % |
|  |  |

Please note components/units taken by the candidate will form the basis of the decision to award special consideration.

1. **Declaration**

I am satisfied that the information provided is accurate and fully supports the application.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| Position in Centre |  | Contact Telephone Number |  |

**The Learning Machine USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received: |  | Date Acknowledged: |  |
| Decision: |  | **Date Decision Made:** |  |
| Further Action: | |  | |

1. **Notes on the completion of the special consideration form**
2. A separate form should normally be completed for each candidate. For each specification, list all components/units affected. However, in cases where a group of candidates have been disadvantaged by a particular event (e.g., fire alarm) a single form may be submitted. The list of candidates affected must be securely attached to the form.
3. Please submit the form to The Learning Machine within 7 days of the last examination in the specification.
4. Please state on the form the precise nature of the adverse circumstances affecting the candidate, including in the appropriate boxes, the date when the circumstances first began to affect the candidate and whether this continued during the examination/assessment.
5. In cases where medical/psychological evidence is available, please ensure that this is securely attached to the form.
6. Please complete the declaration. The Head of Centre or a member of the senior leadership team must support an application for it to be accepted.

1. [Guide to the General Data Protection Regulation - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation) [↑](#footnote-ref-1)