

# Request for a Reasonable Adjustment or Special Consideration

Please complete this form using **BLOCK CAPITALS**

This form is to be used to make request for a reasonable adjustment or special consideration for a Learner in order to provide them with access to assessment as detailed in the NALP Reasonable Adjustments and Special Considerations Policy. Please submit this to NALP at the time of Learner enrolment for a reasonable adjustment or at least 24 hours prior to the deadline of submission of an assignment for assessment for a special consideration, keeping a copy with your records for auditing purposes.

## Details of Submitter

Name of Submitter: \_\_\_\_\_ Centre or Learner? \_\_\_\_\_

Centre Name \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

Learner Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Learner Address \_\_\_\_\_

Learner Tel \_\_\_\_\_ Email \_\_\_\_\_

## Details of Qualification

Qualification Name \_\_\_\_\_

Date of enrolment \_\_\_\_\_ Date assignment due for submission \_\_\_\_\_

Request being made for: Reasonable Adjustment  Special Consideration

## Details of Reasonable Adjustment or Special Consideration required and Supporting Evidence

Please detail the reasonable adjustment required and why it is necessary; attaching any supporting evidence (please continue on a separate sheet if required).

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Supporting documentation attached? Yes  No

# Request for a Reasonable Adjustment or Special Consideration

## Declaration

I/We confirm that the above is a request based on a genuine need for a reasonable adjustment and that all the information provided is true to the best of my/our knowledge. I/We understand that making a false claim could result in sanctions being taken against both the Centre and the Learner, including the nullification of any qualification results.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Centre Contact (named above)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Learner (named above)