

# Access Request Form

Please use this form if you feel a learner requires any access arrangements to support them throughout delivery and/or assessment of the course. Depending on the type of request we may request further information and supporting evidence from you.

**Reasonable adjustments** are any actions/arrangements made prior to start of a course/ programme to reduce the effect of a disability or difficulty that places a learner at a substantial disadvantage. These adjustments are made with learners and support the assessment of learners with a permanent, long-term or temporary disability, a learning difficulty, illness or indisposition.

**Special consideration** is the implementation of arrangements at the time of an assessment to allow competence to be demonstrated by learners who have been disadvantaged or were unable to attend an assessment due to emotional/physical difficulties or adverse circumstances. Adverse circumstances may prevent some learners from completing their qualification within their given registration period. Where this occurs, learners might request extension to registration via special consideration.

Centre details		Notes
Centre name		
Centre number		
Contact name		
Contact email address		
Learner details		
Learner Name		Please use full name
Learner registration number		e.g. 657889
Event authorization number (EAN)		e.g. 56744
Qualification Title		Please use full title
Qualification Code		e.g. L2CCFR
Learner registration start date		
Learner registration expiry date		
Assessment type	Internal Assessment (marked by the centre) External Assessment (set and marked by 1st4sport)	Select one
Type of request:	Special Consideration External Reasonable Adjustment Notification of Internal Reasonable Adjustment	Select one

Reasonable Adjustment Matrix	<ol style="list-style-type: none"> <li>1. No known Disability</li> <li>2. Cognitive processing need such as dyslexia, dyspraxia; a need in executive function, visual processing speed, visual perception, literacy, numeracy, verbal reasoning, verbal memory, nonverbal memory</li> <li>3. Social/communication need such autistic spectrum condition</li> <li>4. Long standing illness such as cancer, epilepsy, Crohn's, IBS, Chronic Fatigue</li> <li>5. A mental health condition</li> <li>6. A physical need such as crutches or wheelchair user, arthritis, paraplegia, quadriplegia, cerebral palsy</li> <li>7. Hearing need</li> <li>8. Visual need</li> </ol>	Select all that apply
Special Consideration reason	<ol style="list-style-type: none"> <li>1. Medical Requirement</li> <li>2. Incident outside learners control</li> <li>3. Other (provide more detail)</li> </ol>	If applicable, Select all that apply
Outline the impact the disability or adverse circumstances has on the learners completion of the assessment		
Provide an explanation of what is required to be put in place to meet the learners needs (please specify <b>extension dates</b> where required):		
Additional notes		
List the attached evidence supporting the request		

### Declaration

**In confirming your agreement with this statement you are confirming that you will monitor updated versions of the Centre Recognition Conditions and will ensure continued compliance. Please be aware that in ticking to confirm your compliance this is a written and enforceable agreement between your organisation and 1st4sport. If any of the information provided is found to be false, centre recognition may be removed and any costs or fees incurred by the centre will not be refunded.**

*I confirm that the information included in this form is accurate, to the best of my knowledge*

Name	
Date	