**LEARNER REASONABLE ADJUSTMENT REQUEST FORM**

**A request can only be made by learners undertaking an assessment at SSERC premises or at an external centre where the delivery and marking of the assessment is undertaken by SSERC staff. Please liaise directly with the accredited centre for assessments undertaken at an SSERC Accredited centre.**

|  |  |
| --- | --- |
| Learner Name: |  |
| SSERC Learner no: if known |  |
| Date of Birth |  |

**Candidate assessment details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employers name: |  | | | |
| School/College name |  | | | |
| Does your request for an adjustment related to a temporary impairment or to one with a substantial and long-term adverse effect? (Please tick the appropriate box below) | | | | |
| temporary (under one year’s duration) | |  | a substantial and long-term adverse effect |  |

**Supporting evidence**

Evidence must be submitted each time a request is made due to a temporary impairment and first-time applications relating to an impairment with a substantial and long-term adverse effect. Supporting evidence must be enclosed with this form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you previously provided supporting evidence to SSERC concerning impairment as described above? | Yes |  | No |  |
| Please provide a brief explanation of the supporting evidence provided with this request: | | | | |

**Reasonable adjustment requested**

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| --- |
| What reasonable adjustment(s) are you requesting? |
| Please explain how this adjustment will help you to show what you know and can do in relation to the SSERC assessment. |

**Declaration**

* I declare that the information given on the form is correct and complete to the best of my knowledge and belief.
* I understand that if I am claiming an adjustment and my circumstances change, I am required to inform SSERC before the assessment.
* I have submitted supporting evidence for a request due to a temporary disability, or if this is my first application due to an impairment with a substantial and long-term adverse effect disability.
* I understand that provision of false information or failure to inform SSERC of changes to my circumstances could result in my examination results being declared null and void and a ban from taking SSERC qualifications for up to three years.

|  |  |
| --- | --- |
| Signed | Date |

If this form is signed on behalf of the candidate, please provide the following details:

|  |
| --- |
| Name, address, and relationship with the candidate (e.g. tutor, parent) |

**Please return to SSERC before the course closure date.**

**Contact details:**

Email: [enquiries@sserc.scot](mailto:enquiries@sserc.scot) Please use the subject line heading: ***Special Assessment Arrangements.***

Post: Assessment Standards Manager

SSERC

1-32 Pitreavie Court

Dunfermline

KY11 8UU

|  |  |
| --- | --- |
| **SSERC use only** | |
| **Assessment entry form received** | Y/N |
| **Supporting evidence required** | Y/N |
| **Supporting evidence received** | Y/N |
| **Approved/not approved** | Y/N |
| **Leaner informed** | Y/N |
| **Employer /school informed** | Y/N |