**LEARNER REASONABLE ADJUSTMENT REQUEST FORM**

**Learners undertaking an assessment at SSERC premises or at an external centre where SSERC staff deliver and mark the assessment can request an assessment adjustment. If undertaking a SSERC assessment at an Accredited Centre, please liaise directly with the 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**

|  |
| --- |
| What reasonable adjustment(s) are you requesting? |
| Please explain how this adjustment will help you demonstrate what you know and can do regarding 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 the 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: ***Reasonable Adjustment Request.***

Post: Assessment Standards Manager

SSERC

1-3 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 |