



# Reasonable Adjustments or Special Considerations Request Form

Please complete all fields

Learner Name:	
ULN:	
Employer Contact Name:	
Employer Company Name:	
Apprenticeship Standard:	
Reason for Application:	

Access arrangement requested:

Details of supporting evidence:

*Please provide details of supporting evidence below, this may include: • The training provider assessment of the learner's needs • History of provision for the learner • Medical certificate • Psychological or other professional assessment report  
Please attach supporting evidence, if relevant.*

**DECLARATION:**

*I am satisfied that the information provided on this form is accurate. I fully support the application and confirm that the learner is/will be appropriately entered for the examination(s)/course(s) concerned and will be able to demonstrate the assessment objectives required by the Standard.*

Employer Contact Name:	
Learner Name:	
Training Provider:	
Approved by The BloR	
Date:	
Email:	

*We will email you confirmation of this request.*

*At BloR we are committed to protecting the personal information we are trusted with and respecting the privacy of those whose information we hold. We process your personal data as set out in our Privacy Notice.*

*Reasonable Adjustments or Special Considerations Request Form V1 Jan 2020*

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