

## Reasonable Adjustment request form

To be completed where the Reasonable Adjustment must be approved, or approved and applied, by AAT.

Centre name			
Centre approval code			
Before completing this form, please ensu Assessment Centre is permitted – see s Reasonable Adjustments and Special Co	ection 9.5 and App	endix A of	the Guidance on the application of
Name of student			
AAT Student ID			
Qualification (Q22/EPA):			
Assessment / component name(s) or code(s):	If for a permanent condition, the qualification and assessment information are not required.		
then should it later be required for a	equested for an EPA n ATLAS Cloud-sat	structured assessment	interview/professional discussion only, you will need to contact AAT again with ply the previously submitted request to the
Is this impairment:	Temporary		Permanent  Reasonable adjustments for permanent conditions only need to be requested once unless they meet the above EPA criteria.
If temporary, please indicate how long the student may be affected (if known):			THE GOOD ENTITIONS.
Reasonable Adjustment(s) being requested	e.g. Extra time,	taking the a	assessment at an alternative site

Supporting statement
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## Declaration

I confirm that I have read and understood the *Guidance on the application of Reasonable Adjustments and Special Consideration in AAT assessments* in relation to when and how Reasonable Adjustments must be requested to be approved, or approved and applied by AAT, that the information on this form is accurate and contains the exact details of the Reasonable Adjustment being requested for this student's assessment(s), and that it is being requested in accordance with AAT's guidance.

Where applicable we can provide the arrangements being requested if their use is approved by AAT, as well as the supporting evidence for it. Additionally, I can confirm that the student has been kept informed of this request and the details contained within it, agrees with the Reasonable Adjustment that is being requested and gives their authorisation for AAT to seek further advice from the author of the student's medical evidence.

Signed:	Date:			
Position at Centre				
Authoriser signed:	Date:			
Position at Centre				

This form must be completed and submitted to AAT at least 2 weeks prior to the planned date for the assessment(s).

Return to: Assessments Operations team

Email: assessment.operations@aat.org.uk