

End-point Assessment - Process for reasonable adjustments form

Tailored arrangements for the EPA may be made for apprentices with disabilities or additional needs by means of requested access arrangements or reasonable adjustments using the form below.

Date	
Apprentice name	
Apprentice email address	
Apprentice programme	
Anticipated EPA event date	
Employer name	
Employer email address	
Workplace address	

Evidence of disability or additional need that may affect the apprentice's performance in, or access to the EPA.

(Copy of evidence to be attached to this form)

Apprentice is diagnosed with:

Diagnosis supplied by:

For example: Medical Practitioner, Educational/Occupational/Clinical-Psychologist
Therapist

Name and organisation of person supplying the diagnosis:

Date of diagnosis:

The apprentice should identify which of the following access arrangements/reasonable adjustments they consider to be relevant to their evidenced disability.

Please note that:

- In2action-EPA will consider the apprentice's evidence and request for access arrangements and/or reasonable adjustments, and notify the apprentice which of their requests, or blend of requests, can be accommodated and reasons for any that cannot.

Apprentice use only		Office use only
Please tick relevant boxes		Comment
<input type="checkbox"/>	Apprentice is recording disability for information only and does not require particular access arrangements or other reasonable adjustments.	
<input type="checkbox"/>	Wheelchair access and table/desk risers or other special access requirements. Please specify requirements:	
<input type="checkbox"/>	Printed materials in accessible format. Please specify preferred format:	
<input type="checkbox"/>	Use of specialist software in the relevant EPA element (as provided by the employer) Please specify:	
<input type="checkbox"/>	A reader to read aloud EPA instructions.	
<input type="checkbox"/>	A scribe for written EPA elements.	
<input type="checkbox"/>	Use of coloured overlay and coloured ruler (to be provided by the apprentice as appropriate for their diagnosis).	
<input type="checkbox"/>	Extra time as appropriate to the requirements of their disability.	
<input type="checkbox"/>	Other access arrangements or reasonable adjustments. Please specify:	