

Reasonable Adjustment Form

Use this form to request reasonable adjustments for an individual learner.
Please send a copy of this form and any supporting documentation to RTITB.

Employer Name:	
Training Provider Name:	

Learner Details	
Forename:	
Surname:	
Registration Number/ Unique Learner Number <i>(if applicable):</i>	

Course/Apprenticeship Details			
Course/Apprenticeship Name:			
Start Date:		End date:	
Assessment type: <i>(theory, practical etc.)</i>			
Assessment date:			

Reason for reasonable adjustment:

Details of supporting evidence:

Declaration

I am satisfied that the information provided on this form is accurate and fully supports the application

Name:			
Position:			
Email:		Contact number:	
Signature:			
Date:			