This form must be completed by Open Awards centres requesting a reasonable adjustment on behalf of a learner. **The form MUST be completed as soon as possible after the need has been identified, and in any event at least 20 working days before the assessment is due to be taken\***.

***\*****Requests for Braille translations must be submitted* ***at least 30 working days*** *prior to the learner undertaking the assessment.*

***\*For Level 1 and Level 2 Functional Skills****, this form must be submitted to Open Awards at the time of registration* ***at the latest****.*

**Completed forms must be uploaded to the Secure Portal for consideration by Open Awards Head of Quality and Standards. Forms must be accompanied by appropriate supporting evidence.**

|  |  |  |  |
| --- | --- | --- | --- |
| Centre Name |  | Open Awards Centre Number |  |

|  |  |
| --- | --- |
| Date of assessment |  |
|  |  |
| Time of assessment *(Functional Skills only)* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Learner Name\* | Learner ID | Course Run ID | Qualification/Unit Title  | Unit No/Code  | Level |
|  |  |  |  |  |  |

*\*We would normally expect individual RA2 forms to be completed for each learner. If you are applying for reasonable adjustments for more than learner for identical reasons, please insert additional rows as required. Make sure to provide supporting evidence for each learner.*

|  |
| --- |
| Please provide specific reasons and full details to support the request for Reasonable Adjustments: |
|       |

|  |
| --- |
| Please provide details of Reasonable Adjustments required: |
|       |

|  |
| --- |
| Please provide supporting evidence. This may include one or more of the following:* The centre’s assessment of candidate’s/learner’s needs
* History of provision within the centre
* Medical Certificate
* Psychological or other professional assessment/report

Details of supporting evidence attached (please list): |
|       |

|  |
| --- |
| Please provide details of how the reliability and validity of the assessment will be maintained: |
|       |

|  |
| --- |
| Please provide a specific example(s) of the Reasonable Adjustments required, e.g. additional examination time, assessment material in Braille: |
|       |

**Centre Authorisation**

|  |  |
| --- | --- |
| **I confirm that:** |  |
| The information in the application is accurate | [ ]  |
| The request is being made by an individual authorised to make the request on behalf of the centre | [ ]  |
| The centre will be able to provide the arrangements requested if the application is approved  | [ ]  |
| The reasonable adjustments will be implemented in accordance with Open Awards guidance | [ ]  |
| The centre will not exceed the allowances given | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role in organisation** | **Signature** | **Date** |
|  |  |  |  |

**Open Awards Decision**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Approve | [ ]  | Reject | [ ]  | Defer | [ ]  |

**Rationale for decision:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role in organisation** | **Signature** | **Date** |
|  |  |  |  |

**Please retain a copy of this form for at least 3 years from the end of the year to which it relates.**

|  |
| --- |
| All information provided on this form will be held securely on our database and only used for the purposes provided. Full details on how we use and protect your data are available in our [Privacy Notice.](http://openawards.org.uk/privacy-policy/) Open Awards tries to meet the highest standards when collecting and using personal information. Customers are encouraged to email info@openawards.org.uk if you believe any data to be incorrect, unfair, misleading or inappropriate. |

Please submit your completed form via the Secure Portal.