

REASONABLE ADJUSTMENTS/SPECIAL CONSIDERATIONS REQUEST FORM

(This completed form **MUST** be received by Powys Safety Solutions at least **5 working days before the relevant training/assessment/examination takes place**. Before completing & returning this form, please make sure you have read our 'Reasonable Adjustments Guidelines' at www.powyssafety.co.uk/training)

SECTION 1 - INDIVIDUAL APPLICANT'S DETAILS

FULL NAME: _____

DATE OF BIRTH: _____

NAME OF ORGANISATION BOOKING THE TRAINING/ASSESSMENT FOR YOU (if applicable): _____

WORKPLACE/HOME ADDRESS*: _____
(*delete whichever does not apply)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NATURE OF YOUR DISABILITY: _____

SECTION 2 - REQUESTED ADJUSTMENTS

TITLE OF THE TRAINING/ASSESSMENT FOR WHICH YOU ARE REQUESTING REASONABLE ADJUSTMENTS: _____

DETAILS OF THE ADJUSTMENTS REQUESTED: _____
(please give as much detail as possible - use a separate sheet if required)

(Please refer to our Reasonable Adjustments Guidelines for more help. We reserve the right to request supporting evidence regarding requested adjustments.)

SIGNED: _____ DATE: _____
(individual applicant attending training/assessment/examination)

SIGNED: _____ DATE: _____
(organisation's line manager, supervisor, etc. responsible for booking IF APPROPRIATE)

