**Reasonable Adjustments and Special Considerations Form**

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| **Name of Person Submitting Form:** |  |
| **DOB of Person Submitting Form:** |  |
| **Email Address Person Submitting Form:** |  |
| **Name of Learner (if different to above):** |  |
| **FA Course:** |  |
| **Course Start Date:** |  |

**Section 1 – Reason for submitting form**

Please state which Policy this request is in relation to:

|  |  |
| --- | --- |
| Reasonable Adjustments | Yes / No |
| Special Considerations | Yes / No |
| Assessment Decision Appeals | Yes / No |
| Alternative Training and Assessment Programme | Yes / No |
| Pre-Requisite Equivalencies and Recognition of Prior Learning (RPL) | Yes / No |

**Section 2 – Nature of request**

Why is this request being made?

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What benefit will this bring to the learner(s) associated?

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What support is required? (if applicable)

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**Please return any completed form to Dorset County FA, Coach Education, Blandford Close, Hamworthy, Poole, BH15 4BF or via email to** **Jemma.Tewkesbury@DorsetFA.com**