

Application for Reasonable Adjustments

LE001CO V06

Updated 17 August 2017



Before completing this Form read the **Instructions** overleaf and refer to the section **Reasonable Adjustments** in our **Examinations Guide for Centres and Teachers or Qualification Guide** and the relevant **LAMDA Reasonable Adjustments and Special Considerations Policies**. Current Guides, Policies and Forms are available on the LAMDA website: www.lamda.org.uk or www.lamda.ac.uk

1. Learner Details

a. Given Name					b. Family Name																
c. LAMDA PIN			d. ULN							e. Gender			f. Date of Birth								
													M	/	F	D	D	M	M	Y	Y

2. Examination Centre Details

a. LAMDA Private Centre Code or UK Public Centre Name					b. Examination Date					D	D	M	M	Y	Y
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3. Qualification the Learner is being entered for (Subject/Grade/Unit, if known)

a. Format				b. Subject				c. Grade			
Solo	Duologue	Combined	Group								

4. Reason for Application

a. Learner's Circumstances (please state)				Permanent or Temporary (please circle)	
b. What reasonable adjustment(s) are being requested (please circle)		Examiner Awareness Extra Time Practical Assistance Assessment material in large format/font		Assessment material in Braille Assessment material on coloured paper Other (please specify below) _____	

5. Supporting Documentation attached with this application

a. Supporting Documentation (please circle)		Learning Statement from: 1. A fully qualified and Chartered Educational Psychologist or, 2. Schools Special Educational Needs Coordinator (SENCO) or, 3. Individual who holds a Special Needs Teacher Qualification or, Declaration/ Report signed by: 4. A Medical Practitioner or, 5. A Qualified Optometrist	
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Do not submit this form to LAMDA without enclosing the appropriate supporting documentation. LAMDA will only process complete applications for reasonable adjustments submitted within the required timeframes (see instructions overleaf).

6. Applicant Details and Declaration

Miss / Mrs / Ms / Mr / Dr / Other		Full Name	
Relationship to Learner (please circle)		Learner / Teacher / Parent / Guardian / Head of Private Centre / Private Centre Coordinator / Public Centre Entry Correspondence Contact / Other please state.....	
Declaration			
I the above named person submitting this application confirm that the information contained in this application is accurate. I agree to abide by the regulations pertaining to Reasonable Adjustments as published in the relevant LAMDA Reasonable Adjustments and Special Considerations Policies. I acknowledge LAMDA will only process applications for reasonable adjustments received in full with supporting documentation if submitted within the minimum submission time before the first date of the scheduled examination session. Reasonable Adjustment applications and supporting documents received after this minimum submission time cannot be considered.			
Signature of person submitting application		Date	

Examinations, LAMDA Ltd, 155 Talgarth Road, London, W14 9DA, United Kingdom

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LAMDA's Reasonable Adjustments Application Procedure

As an awarding body we have a duty to ensure that the integrity of the qualifications/units and assessment is maintained at all times. At the same time we have a duty to ensure the rights of the individual Learner(s) to access qualifications/units and assessment in the most appropriate way for their needs. LAMDA aims to facilitate open access to all its qualifications for Learners who are eligible for reasonable adjustments and/or special considerations in assessments, without compromising the assessments of the skills, knowledge and understanding or competence being measured.

For further information please refer to the LAMDA Reasonable Adjustments and Special Consideration policies.

How to apply for Reasonable Adjustments

To make a new reasonable adjustment request for a Learner you will need to complete this Reasonable Adjustment Application Form and submit it to LAMDA along with supporting documentation in the following timeframes:

- **8 weeks before the first date of the examination session when Braille documents are required, or**
- **6 weeks before the first date of the examination session for all qualifications**

Learners who have already applied and been authorised a specific reasonable adjustment for the same circumstance by LAMDA do not need to submit a new Application for Reasonable Adjustments. Instead, on the Examination Entry Forms there is a section called 'Special Needs or Reasonable Adjustments' to bring to LAMDA's attention any special circumstances or needs of a Learner. You must make LAMDA aware of this on the Entry Form by writing in this section.

How to complete this Form

All applicants complete this section. All correspondence from LAMDA will be directed to the registered Centre Coordinator for a Private Centre or the Correspondence Contact for a Public Centre.

1. Enter the Learner's details.

- a. Given Name: This is the Learner's first name
- b. Family Name: This is the Learner's surname
- c. LAMDA Pin No: Please enter the Learner's 6 digit LAMDA Pin number (if known)
- d. Unique Learner Number (ULN): Please enter the Learner's 10 digit Unique Learner Number (if known)
- e. Gender: Please enter M or F
- f. Date of Birth: Please complete in numbers, in the format DD/MM/YY

2. Enter the details for the Learner's examination:

- a. Enter the Centre details the Learner is being entered at.
- b. and c. Enter the date(s) of the centres examination session the Learner is being entered at.

3. Enter the qualification (Subject and Grade) the Learner is being entered for.

4. Reason for Application:

- a. Provide full information on the Learner's circumstances to enable LAMDA to be fully informed.
- b. Circle or provide what type of Reasonable Adjustment is being requested.

5. Circle which supporting documentation is attached to support the application. Applications will not be processed if there is no supporting documentation.

6. Applicant Details and Declaration

To be signed and dated by the person submitting the application (Applicant).

LAMDA Office Use:

Reasonable Adjustment agreed Yes / No (if no state reason)				
Subject / Examination and RA to be applied				
Date received	Authorised by	Date entered on RAD	RA outcome notification date	RAD number

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