

Reasonable Adjustments Policy

(Access Arrangements)

Introduction

The purpose of access arrangements is to enable learners to access training, assessment and qualifications where possible and appropriate. Learners will qualify if the method of assessment has the potential to directly or indirectly discriminate against the learner.

Annex 2 of the Provider Guidance Handbook provides guidance for making reasonable adjustments for learners and should be used to supplement the information in this policy. Annex 2 provides guidance on reasonable adjustments which can be implemented by the provider without requesting permission and those which permission needs to be agreed before implementation.

Definitions

Access arrangements are made to the learning and or assessment process which enable those with a specific, ongoing need to have the opportunity to achieve the qualification. Such arrangements are typically agreed, or at least highlighted for further discussion, during a learner needs analysis before or at the start of the learning programme.

Access arrangements should not give the recipient an unfair advantage, should only be agreed where there is a clearly identifiable and quantifiable need and should not exempt the learner from providing authentic evidence as required by the assessment criteria.

Process

Lantra operates **two** processes for reasonable adjustments and access arrangements requests.

- Process one is where the Provider is able to make the decision and notify Lantra after the assessment that a reasonable adjustment has been applied to a learner(s). This includes stage 4(a).
- Process two is where the Provider must identify any reasonable adjustments that need to be made and submit the request to Lantra in advance of the assessment. This includes stage 4(b).

Stage	Action
1	Providers are required to have access arrangement policies and processes in place.
2	Provider to identify learner's needs at initial assessment or diagnostic assessment. Where possible employers and learners to ensure the provider is aware of any protected characteristics and access arrangements required.
3	Providers to keep records of initial and diagnostic assessments, requests and decisions for reasonable adjustments.
4(a)	Providers can make the decision to apply a reasonable adjustment and inform Lantra after the assessment that they have applied a reasonable adjustment. Supporting evidence should be kept by the provider for monitoring by the EQA. Providers must make a note of the reasonable adjustment on the assessment attendance form.
4(b)	Providers must apply to Lantra for a decision on reasonable adjustments where the learner meets the examples of some access arrangements in annex 2 of the Provider Handbook. Applications should be made on the Reasonable Adjustment Form . The form is available from Customer Services awards@lantra.co.uk . All cases will be judged on their own merit. Providers should contact Lantra's customer services team for further guidance, if required, before submitting a request. Reasonable adjustment forms should be returned to awards@lantra.co.uk .
5	Providers must not pass the cost of reasonable adjustments on to the learner. The fee paid by the learner must be the same as any other learner that did not need the adjustment.
6	When a request is refused or modified by Lantra the Provider can appeal against the decision using Lantra's appeals policy.

Appealing a decision

Where a request is refused, or the arrangements approved by Lantra are felt not to be sufficient for the circumstances, Providers are able to appeal against the decision. Please refer to Lantra's Appeals Policy for further details of the appeals process.

Reasonable Adjustments Form

This form should be used to request reasonable adjustments or to inform Lantra of any reasonable adjustments which have been made. Please complete the form in conjunction with Annex 2 of the Provider Guidance Handbook. A form is required for **each** learner.

Provider Name			
Learner Name			
Training Course Title and No./ Qualification Title and No. (please include all unit titles and numbers which comprise the request)			
Date of assessment			
Nature and degree of particular requirement(s) of learner			
Please provide details of the need for reasonable adjustments:			
Supporting information			
Please provide details of any supporting information:			
Is current supporting evidence attached?	Yes	No	
Declaration: I am satisfied that the information provided is accurate and fully support the application.			
Name		Role	
Signature		Date	

Using the tick boxes below, please indicate **all** alternative assessment arrangements requested/made for this learner.

The learner requires:			
<input type="checkbox"/> Additional time (please state time required) <input type="checkbox"/> Supervised rest periods <input type="checkbox"/> Large print or otherwise modified type question papers (coloured paper) <input type="checkbox"/> Papers on computer <input type="checkbox"/> A speech synthesiser <input type="checkbox"/> Braille papers <input type="checkbox"/> Papers on audio tape <input type="checkbox"/> Large type answer sheets <input type="checkbox"/> Answers dictated and transferred to answer sheet <input type="checkbox"/> Answers handwritten and transferred to answer sheet <input type="checkbox"/> Answers on computer <input type="checkbox"/> A reader	<input type="checkbox"/> An amanuensis (writer/scribe) <input type="checkbox"/> A communicator <input type="checkbox"/> Sign language <input type="checkbox"/> A lip speaker or oral re-phraser <input type="checkbox"/> Overwritten test papers <input type="checkbox"/> A computer or word processor <input type="checkbox"/> A non-standard location <input type="checkbox"/> A separate room <input type="checkbox"/> Expert witness <input type="checkbox"/> A bilingual dictionary <input type="checkbox"/> Transcription <input type="checkbox"/> An interpreter (state language below)	<p>..... Please include the interpreter's details and a declaration signed by the interpreter that they have no conflict of interest.</p>	
Other requirements, please detail below:			
Lantra Use Only: (Please include reasons for the decision)			
Approved		Declined	
Name		Signature	
Reference Number		Date	