**1. Personal Details**

|  |  |
| --- | --- |
| **Applicant Name** |  |
| **Contact address** |  |
| **Contact email** |  |
| **Contact telephone** |  |

**2. Application Details**

|  |  |
| --- | --- |
| **Assessment type** |  |
| **Assessment/training date** |  |
| **Requirement/policy or practice needing adjustment** |  |
| **Type of adjustment sought** |  |
| **Reason for adjustment being sought** |  |
| **Evidence supporting the application attached** | 1.2.3.4. |

Preferred method of communication (please tick):

|  |  |  |
| --- | --- | --- |
| [ ]  Telephone | [ ]  Email | [ ]  Letter |

**3. Declarations** (please tick)
[ ]  I confirm that the contents of this application are true

[ ]  I have attached relevant evidence supporting this application to this form

|  |  |
| --- | --- |
| Signed……………………………………… | Dated……………………………………………. |