

Focus Awards Request for Reasonable Adjustment Form

Please complete this request for reasonable adjustment form and return, using the email address/postal address below, to Focus Awards. We will acknowledge receipt within 48 hours and explain what action will be taken next.

Name of Centre:	
Address:	
Telephone number:	
Email address:	
Qualification Details	
QRN:	
Qualification Title:	
Unit Name:	
Unit Number:	
Reasonable adjustment required	
Evidence to support application: e.g. - medical certificate - psychological or other medical report - assessment of the learner's condition	
Declaration	I declare that the information provided in this form is true and accurate and fully supports the appeal
Name (Please Print):	
Signature:	
Date:	