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| --- | --- | --- | --- | --- | --- |
| **Learner Name** |  | | **Address** | |  |
| **Contact No** |  | | **Postcode** | |  |
| **Please indicate which qualification you are undertaking** | | | | | |
| **Course Title** | | **Date of training** | | **Details of Reasonable adjustment /Support Required** | |
| 1. QNUK L3 Emergency First Aid At Work (RQF) | |  | |
| 1. QNUK L2 Safeguarding & Protecting Children & Young People (RQF) | |  | |
| 1. QNUK L2 Health & Safety (RQF) | |  | |
| 1. QNUK L2 Food Safety for Catering (RQF) | |  | |
| 1. QNUK L2 Safeguarding Adults in Health & Social Care (RQF) | |  | |
| **Additional information** | | | | | |
| The above is fully supported and I am satisfied that the information provided is correct and verifiable. I fully support these arrangements and confirm that the above Candidate is entered for the assessments concerned :  Signed (Assessor/Trainer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

**Notification of Reasonable Adjustment**