|  |  |  |  |
| --- | --- | --- | --- |
| **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**