**Reasonable Accommodation Application Form** Please complete this application form and return it to Canavan Byrne’s Training Department at least 5 working days prior to the course commencement date.

**PLEASE USE BLOCK CAPITALS**

# Canavan Byrne Contact Details

|  |  |
| --- | --- |
| Address | Kingsfurze House  Old Lucan Road  Dublin 20  D20 KR60 |
| Telephone | 01 6235908 |
| Email | eoin@canavanbyrne.ie |

# Learner Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | First Name: | | Surname: |
| Email Address: | | | |
| Postal Address: Street: | | Town/City: | |
| County: | | Eircode: | |
| Landline Telephone Number: | | Mobile Telephone Number: | |

# Training Course Details

Please provide details of the course you would like to attend.

|  |
| --- |
| Title of Course: |
| Accreditation: |
| Preferred Dates: |
| Location/Venue: |
| Other Notes: |

**Please provide any supporting documentation relevant to your application.**

# Reasonable Accommodation Category

Please tick the category of reasonable accommodation(s) required.

|  |  |
| --- | --- |
| Translation |  |
| Alternative Assessment Methods |  |
| Additional Time |  |
| Grace Period Due to Extenuating Circumstances  *Extenuating circumstances are serious, unforeseen circumstances beyond your control (For example, serious illness, family bereavement, and so on)* |  |
| IT Support |  |
| Physical Facilities |  |
| Other |  |

# More Details of Reasonable Accommodation Required

Please explain more details of the reasonable accommodation(s) required so that we can assist.

|  |
| --- |
|  |

# Learner Declaration

**Must be signed by the applicant**

|  |  |
| --- | --- |
| I declare that the information provided in this application is correct and the enclosed documents are authentic to the best of my knowledge and belief. | |
| Applicant Signature: | Date: (DD/MM/YYYY) |

# Recommendation for Reasonable Accommodation

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| **APPROVED** | **NOT APPROVED** |

|  |  |
| --- | --- |
| Note:  **Learners current cert expires on**  **30 days grace approved**  **Learner’s grace expires on** | |
| Signature: | Date: |