**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 HouseOld Lucan Road Dublin 20D20 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: |