**Centre intention to apply adaptations to assessment**

Please complete and return this form to adaptation.quality@cityandguilds.com if you are planning on applying any adaptations to assessments, **by 31 July.**

Please provide one form for all qualifications.

|  |  |
| --- | --- |
| **Centre name**  | **Centre number** |
|  |  |

This form should be completed and signed by the Head of Centre. If the Head of Centre is unavailable, it may be signed by a centre staff member authorised to act on their behalf. Please confirm who is completing this form:

☐ Head of Centre

☐ Acting on behalf of the Head of Centre

|  |
| --- |
| **Head of centre details (or deputy)** |
| Name  |  |
| Email |  |
| Phone |  |
| Official Job title  |  |

Qualifications where adaptation will be applied:

(add additional rows as required)

|  |  |
| --- | --- |
| **Qualification number (6 digit)**  | **Qualification title**  |
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| **Signature** | **Date**  |
|  |  |