**Centre intention to apply adaptations to assessment**

Please complete and return this form to [adaptation.quality@cityandguilds.com](mailto: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** |
|  |  |