**Adaptation Declaration for Learner**

The following declaration form must be completed for each learner and retained with the learner portfolio/evidence to support an application to access the agreed qualification adaptations linked to the Covid-19 crisis.

This form confirms that the learner has met all of the required conditions laid out by City & Guilds/ILM and that the process followed has been subject to Internal Quality Assurance.

**Part 1:**

|  |  |
| --- | --- |
| Learner name | ENR number |
| Centre name | Centre number |
| Date of learner registration |  |
| **Qualification name:**Please enter the relevant Qualification title and 6 digit Qualification number below |
| **Qualification Title** | **Qualification number** |
|  |  |
|  |  |
|  |  |

**Assessment team details:**

|  |  |
| --- | --- |
| Assessor name | Signature |
| Co-signing Assessor name (if needed) | Signature |
| Internal Quality Assurer Name | Signature |
| Co-signing Internal Quality Assurer name (if needed) | Signature |

**Part 2:**

**Only complete the table relevant to this learner where adaptation has been applied**

**Qualification title and number:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit number where adaptation has been applied** | **Date of assessment** | **Type of assessment** | **Outcome of assessment** | **Date Internally Quality Assured** | **IQA Approved for certification including date**(please add comments where certification is not approved) |
| Unit  |  |  |  |  |  |
| Unit  |  |  |  |  |  |
| Unit |  |  |  |  |  |
| Unit  |  |  |  |  |  |
| Unit  |  |  |  |  |  |
| Unit  |  |  |  |  |  |
| Unit |  |  |  |  |  |
| Unit |  |  |  |  |  |
| Unit |  |  |  |  |  |
| Unit  |  |  |  |  |  |

**Declaration of Assessor and Internal Quality Assurer**

**I confirm that:**

* **the learner’s situation has met the requirements for adaptation of assessment.**
* **the learner work has been assessed, the assessment has been quality assured and that all requirements have been met.**
* **the certificate can be claimed.**

**Assessor:**

|  |  |  |
| --- | --- | --- |
| Assessor Name | Assessor Signature  | Date:  |
| Co-signing Assessor (if needed) | Co-signing Assessor (if needed) | Date:  |

**Internal Quality Assurer:**

|  |  |  |
| --- | --- | --- |
| IQA Name | IQA Signature  | Date: |
| Co-signing IQA (if needed) | Co-signing IQA (if needed) | Date: |