**EX4a Reasonable Adjustment Confirmation**

The invigilator must confirm the application of the reasonable adjustments requested by the Centre and authorised by us as the Awarding Body.

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| **Candidate Name** |  |
| **Centre Name** |  |
| **Examination/Assessment Title** |  |
| **Date of Examination** |  |

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| **Please list Reasonable Adjustment(s) applied** |
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| **Invigilator Name** |  |
| **Invigilator Signature**  |  |
| **Date** |  |

This form **must** be attached to the candidate script when it is sent to the examiner for marking or forwarded directly to us with the Invigilation Pack for onscreen tests.