

### Appendix 1

**Request for Adaptation Form**

Please complete this form for each Access to HE Diploma, listing all of the proposed adaptations to assessments, delivery and/or changes to units delivered as considered to be necessary and appropriate to:

* support teaching and learning, and assist in mitigating any possible effects of previous or future disruptions to teaching, learning and assessment relating to the pandemic
* make assessments as manageable and flexible as possible, for example to address the impact of compliance with social distancing or other public health guidance
* safeguard against any future disruptions relating to the pandemic, such as local lockdowns or closure of facilities.

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| **Centre Name and site:  (where applicable)** |  |
| **Contact Name:** |  |
| **Position in the Organisation:** |  |
| **Email Address:** |  |
| **Telephone Number:** |  |
| **Access to HE Diploma (title):** |  |
| **Type of adaptation requested** *(please see Arrangements for the award of the Access to HE Diploma 2020-21 Principles of Quality Assurance guidance p2-10 for the explanations about ‘type’)*  Please include details in all the sections that apply to this application, and refer to factors to consider within the QAA and AVA guidance within your rationale. | |
| Unit Design: (Unit name and Code) |  |
| Assessment/assignment design:  (Unit name and Code) |  |
| Assessment practice: |  |
| Internal Moderation/Verification: |  |
| Standardisation: |  |
| External Moderation: |  |
| Student Group: |  |
| Staffing: |  |
| HE entry requirements and offers: |  |
| Number of students affected by the request: |  |
| Please provide full details of why the adaptation is necessary based on *Arrangements for the award of the Access to HE Diploma 2020-21 Principles of Quality Assurance guidance p2-10 for the explanations about ‘type’)* | |
|  | |
| Please provide full details of any additional controls that will be put into place to ensure the continued integrity of assessment | |
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| Please provide any additional information that will support your request. | |
|  | |

**Declaration\***

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| --- | --- |
| Name: |  |
| Date: |  |

\*On behalf of my centre, I confirm that I have read the QAA and Certa guidance documents, and confirm that Access to HE will be delivered and quality assured in accordance to these documents. I also confirm that the centre has shared the QAA guidance on the Arrangements for the Award and Assessment of the Access to HE Diploma 2020/21 with students who may be impacted on any adaptations that our centre has proposed.

Office use only

**Outcome of Request**

**To be completed by Certa Access**

**Decision-maker to consider the following:**

1. Are the proposed changes necessary and appropriate?
2. Do the proposed changes undermine the validity of the Diploma?
3. Have risks around potential malpractice been considered and addressed?
4. In making the decision, have effective quality assurance arrangements been considered in relation to any proposed changes to the delivery, assessment or changes to units within the Diploma?

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| **Request Outcome:** | **Approved** |  | **Declined** |  |
| **Rationale for decision:** |  | | | |
| **Name and role of decision-maker:** |  | | | |
| **Date of decision:** |  | | | |
| **Date Centre informed of decision:** |  | | | |