Trainee Support Needs - Trainee self-declaration

Name:

Email address:

Sharing information about your support needs will help us to work with you to make your training as accessible as possible.

Preferred pronoun:
(e.g. he/him; she/her; they/their) They/Their

Do you consider yourself to have a disability/medical condition/learning support need that will affect your training? Yes ☐ No☐

From the choices below please choose all that apply to you:

☐ Autism/Asperger. ☐ Deaf or hearing impairment

☐ Learning disability ☐ Long term health condition

☐ Mental health ☐ Mobility/Physical disability

☐ Other: (enter below)

Further information regarding your support needs
How might your disability/specific learning need/mental health condition impact on your training?

☐ Communication.	☐ Concentration.	☐ Confidence
☐ Energy levels	☐ Exams.	☐ Grammar
☐ Group work	☐ Handwriting	☐ Hearing
☐ Meeting deadlines	☐ Mobility	☐ Mood
☐ Motivation.	☐ Note taking	☐ Organisation
☐ Physical health	☐ Presentations	☐ Reading accuracy
☐ Short term memory.	☐ Spelling	☐ Time management.
☐ Typing	☐ Vision	☐ Writing speed
☐ Writing		

Assessments

Have you previously had support in assessments?

☐ Yes ☐ No
If yes, have you found this support useful?

☐ Yes ☐ No
Do you require any of the following during assessments?

☐ A specific font

☐ Font size

☐ Background colour

☐ Other:

Languages

What is your native language? English

What other languages do you speak? Spanish

The training will be delivered in English. Do you require support with English language
skills?

☐ Yes ☐ No

If yes, please tell us what we can do to support you.

Working with computers

Some of your training will use computers. What is your skill level in using computers?

☐ Beginner ☐ Intermediate. ☐ Expert

Do you have any other comments/information that would be useful for us to know for your training?

Thank you - Please send your completed form to:
booking@mhassociatestraining.co.uk

MH Associates
CAA Registered Training Provider

Reasonable Adjustments and Special Considerations Request

Trainee:

……

Course:

……

I wish to request a:

☐ Reasonable adjustment

☐ Special consideration

Reason for request:

……

……

Supporting evidence:

……

……

Signed: …… **Date:** ……

Instructor to complete

The request is:

☐ **Approved** ☐ **Rejected**

Provide details of support to be provided:

……

……

Reason for decision:

……

Signed: …… **Date:** ……

Pre-Assessment Information

Have you previously had support in assessments?

☐ Yes ☐ No

If yes, have you found this support useful?

☐ Yes ☐ No

Do you require any of the following during assessments?

☐ A specific font

☐ Font size

☐ Background colour

☐ Other:

……

Languages

What is your native language?

……..

What other languages do you speak?

……

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skills?

☐ Yes ☐ No

If yes, please tell us what we can do to support you

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……

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