#

**Activity adjustment request**

**For Entry Level Physical Education only**

Please contact our PE subject advisors at pe@ocr.org.uk **before** completing this form.

Use this form to request an adjustment to an activity to assess a learner with disabilities as a performer: complete one form for each activity and candidate.

You can only apply for adjustments to existing sports on the DfE list, as covered in the qualification specifications. See the Guide to NEA for further information about disability sports which are not currently on this list.

The proposed adjustment must:

* be an adaptation of an activity on the DfE list
* provide enough scope for assessment in line with the subject criteria and aims
* offer a competitive structure or scenario in which assessment can take place.
* not have a legal or liability reason why it cannot be permitted, such as an age restriction preventing a candidate from participating.

Please complete this form (saving a copy for your own records) and send it to our Special Requirements team (srteam@ocr.org.uk) by **1 December** in the **first year** of study. Late submissions will not be accepted unless there are exceptional circumstances.

If you have any queries related to the processing of your application, please contact our Special Requirements team .

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Centre name: |  |  | Centre number: |  |
|  |  |  |  |  |
| Candidate name: |  |  | Candidate number: |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- | --- |
| Which year will the candidate be completing this qualification? |  |

|  |  |
| --- | --- |
| Activity (as shown in the Guide to NEA): |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of performance(mark as applicable): |  | Team |  | Individual |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Role candidate will be assessed in (mark as applicable): |  | Performer |  | Leader (Entry Level only) |  | Coach (AS and A Level only) |  |

Brief description of the candidate’s disability:

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**National governing body details:**

|  |  |
| --- | --- |
| Name: |  |
|  |  |
| Website: |  |
|  |  |
| Contact name (if applicable): |  |
|  |  |
| Contact email address: |  |
|  |  |
| Contact telephone number: |  |

**Specific assessment criteria linked to your activity adjustment request** (please refer to criteria within the relevant qualification Guide to NEA):

Core skills:

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Advanced skills:

Decision making and tactical awareness:

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Please answer the questions below to help us understand how to carry out moderation this candidate’s performances.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How will you be providing evidence for this candidate?(mark as applicable): |  | Filmed |  | Live\* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*If live, would this candidate require any special arrangements / equipment to be  |  | Yes |  | No |  |
| included in a live moderation visit?(mark as applicable): |  |  |  |  |  |

If yes, please provide details:

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How will you adapt competitive situations for this candidate?

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Are you submitting any additional information to support this candidate?

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**Centre contact responsible for this request:**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact name: |  | Telephone: |  |
|  |  |  |  |
| Contact email: |  |
|  |  |  |  |
| Date of request: |  |

**Status of request (for OCR use only)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Special Requirements: |  | Date approved: |  | Date rejected: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Subject Advisor: |  | Date approved: |  | Date rejected: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Standards Manager: |  | Date approved: |  | Date rejected: |  |

Special Requirements feedback:

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Subject Advisor feedback:

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Assessment Standards Manager feedback:

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