

Reasonable Adjustments Process: Level 1

RAP1 Follow-Up Form

Stı	udent name							
Sit	e name							
Week of overall placement		Week _	Week of (e.g. Week 6 of 10, Week 8 of 14					
Da	te	/_						
Na	mes of all others present							
Su	mmary of progress							
Do	es the student wish to disc	lose any n	natter that ma	ıy be affe	ecting their practice?			
No	☐ Personal circumstar	nces 🗆	Medical issue	es 🗆	Workplace concerns \square	Other \square		
Ne	xt steps							
1.	Close RAP1							
2.	Continue RAP1 [complete plan overleaf and review in approx. 5 working days] $\hfill\Box$							
3.	Escalate to Reasonable Adjustments Process: Level 2 [RAP2]							



Action plan [as required]

Provide some brief evidence for each co	SMART adjustments to be made by the student						
To whom will this process he dissis-	od 2						
To whom will this process be disclos							
Date for review		.//	or	Not applicable \square			
The undersigned have discussed, understood, and agree with, the information contained with							
Name	Signature		Role	Role			