**Skillsfirst Adapted Assessments for Vocational Qualifications**

**Head of Centre Declaration of Intent**

The adaptation process for vocational qualifications must be overseen and signed off by the Head of Centre.

In order for Skillsfirst to effectively monitor and quality assure adapted assessments, the Head of Centre is required to complete and return this declaration form, confirming whether you intend to adapt assessments or not.

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| --- | --- |
| **Centre name:** |  |
| **Centre number:** |  |
| **Name of Head of Centre:** |  |

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|  | **Please indicate whether you intend to adapt assessments****(Yes or No)** |
| We intend to adapt assessments for those Skillsfirst qualifications specified in the submission spreadsheet (accompanied with this declaration if applicable).  |  |

**If you intend to adapt assessments, the adaptations spread sheet must be returned with this declaration.**

By submitting this declaration to Skillsfirst, as Head of Centre I confirm:

* I understand all adaptations must be agreed by Skillsfirst, prior to adaptations being carried out for **each** qualification
* I understand direct claim status will be revoked during this process for each qualification being adapted
* I understand we must inform Skillsfirst once the first adapted assessments are complete for each qualification, in order for a remote external quality assurance activity to be conducted
* Adaptations will be carried out for the qualifications outlined in the adaptation’s submission spreadsheet, for learners due to complete a component / qualification between 1 August 2020 and 31 August 2021 only
* Where adaptations are being made, all reasonable steps will be taken to minimise the risks to the validity of the assessment and overall qualification
* Internal verification will be carried out on **all** adapted assessments to ensure the validity of the assessment and overall qualification
* We will notify Skillsfirst of all learners / qualifications that require an adapted assessment by submitting the adaptations submission spreadsheet by no later than 1 July 2021.

Please indicate the types of adaptations you intend to use (*please tick (or highlight) as appropriate*):

 Direct observation

Professional discussion

 Guided discussion

Question and answer

 Expert witness testimony

 Remote assessment

 Simulation

 Reflective account

 Knowledge-based written assessment

**Head of Centre signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_­­­­­­

**Job title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_