



The International Association of Maritime Institutions

IAMI

Assessment Fair Access Policy

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Contents

1. Introduction
2. Scope of Policy
3. Definition of fair access.
4. EPA register.
5. Responsibilities.
6. Policy review
7. Form F1 - Request for modification to access arrangements and/or reasonable adjustments
8. Form F2 - Notification of mitigating circumstances

1. Introduction

- 1.1 This policy applies to the all End Point Assessments (EPA) that are undertaken by the International Association of Maritime Institutions – henceforth known as IAMI.
- 1.2 The purpose of this policy is to ensure that all apprentices who undertake an EPA provided by IAMI are not dis-advantaged by the EPA process.
- 1.3 The policy will guide IAMI employees to ensure all EPA processes are undertaken in a fair and transparent manner.
- 1.4 The policy will be provided to all organisations that engage IAMI to undertake EPA's of their apprentices.

2. Scope of policy

This policy applies to:

- 2.1 All persons from either the contacting organisation (e.g. employer or training provider) or IAMI employee involved in the arrangement, assessment and audit of the EPA elements.

3. Definition of fair access

- 3.1 IAMI undertake to deliver an EPA service that are fair, accessible and do not include any unnecessary barriers to assessment to the apprentice.

4. EPA Register

- 4.1 IAMI will monitor and maintain records of completion and update of Equality and Diversity training for all EPA assessors.

- 4.2 The employer or training provider engangg IAMI for the EPA process will declare if any reasonable adjustment is required for the EPA to be undertaken. This will be confirmed with the apprentice. Where this request is made, then Form F1 is to be completed before the EPA commences.

- 4.3 Apprentices will be encouraged to request access adjustments if they become apparent post-application to the EPA.

- 4.4 Apprentices will also be able to apply for mitigating circumstances to be taken into account after the EPA event if a temporary injury, illness or other affected their performance on the day of the EPA and form F2 is to be completed.

4.5 Where IAMI receive form F1, they will liaise with the apprentice's employer for additional requirements for any components of the EPA delivered in the apprentice's workplace.

4.6 Where it is not reasonably possible to apply the requested access adjustments, or if the requested access adjustments compromise the purpose of the EPA, IAMI will communicate this to the apprentice and their employer clearly stating the reasons.

4.7 Where IAMI receive form F2, the IAMI Secretariat will discuss the EPA outcomes with the appointed EPA, and they will report their findings to IAMI Board of Directors. Re-assessment could be one outcome, and this would only be undertaken at the specific request from the Apprentice with knowledge of their employer.

4.8 As part of the annual report on EPA's undertaken by IAMI, the E&D data will be declared and reviewed for possible bias at the annual review by IAMI Directors.

5 Responsibility

5.1 The ultimate responsibility for the monitoring of EPA Fair Access policy, dissemination of the policy to employers and training providers, and the management of potential and actual conflicts rests with the IAMI Board of Directors. This data will state all EPA apprentice achievement in order to detect and mitigate against any accidental bias including any against any protected characteristics.

6 Policy Review

The effectiveness of this policy will be reviewed every three years in light of experience and best practice. This mechanism recognises that changes as a result of experience may prompt a review of the policy before the end of this three year period.

Form F1 – Request for modification to access arrangements and/or reasonable adjustments

Tailored arrangements for the EPA may be made for apprentices with disabilities or additional needs by means of requested access arrangements or reasonable adjustments using the form below.

Date:	Click here to enter text.
Apprentice name:	Click here to enter text.
Apprentice email address:	Click here to enter text.
Apprenticeship programme:	Click here to enter text.
Anticipated EPA event date:	Click here to enter text.
Employer name:	Click here to enter text.
Employer email address:	Click here to enter text.
Workplace address:	Click here to enter text.

Evidence of any disability or additional need that may affect the apprentice's performance in, or access to the EPA:

Click here to enter text.

(Copy of evidence is requested to be attached to this form)

The apprentice should identify which of the following access arrangements/reasonable adjustments they consider to be relevant to their evidenced disability. Please note that:

- 1) IAMI will consider the apprentice's evidence and request for access arrangements and/or reasonable adjustments, and notify the apprentice which of their requests can be accommodated and for any reason that they cannot;

Form F2 – notification of mitigating circumstances

This form records the information that will be considered by the EPA assessor concerning any mitigating circumstances that the apprentice believes may have affected their performance in the EPA. The completed form should be submitted, together with the supporting evidence, to IAMI as soon as possible or within 2 working days of the end of the EPA.

APPRENTICE NAME :	Click here to enter text.
CONTACT (phone / email): Click here to enter text.	
SECTION OF EPA COMPONENT TO WHICH ANY MITIGATING CIRCUMSTANCES APPLY: Click here to enter text.	
DATE: Click here to enter text.	

Please complete either a) medical circumstances or b) non-medical circumstances section below:

F2 a) MEDICAL CIRCUMSTANCES (To be completed by a medical practitioner or accompanied by medical certifications. Continue on blank sheet provided if necessary). Please state the nature and severity of the apprentice's medical condition and describe any consequences of the illness and/or treatment that may be relevant. Please provide the dates when the illness started and when the apprentice was/will be fit to work. Click here to enter text. Signature of Medical Practitioner _____ Date: _____ (if appropriate) Medical Practitioner's official Stamp:

F2 b) NON-MEDICAL CIRCUMSTANCES

(To be completed by the apprentice. Continue on blank sheet if necessary)

Please give a brief description of the circumstances that you believe affected your EPA performance, accompanied by supporting evidence. Please state the dates on you were affected and an explanation of how the situation affected your performance.

Click here to enter text.

Signature of Apprentice _____ *Date* _____