

APPLICATION FOR REASONABLE ADJUSTMENTS

IMPORTANT:

This form must be completed each time the candidate is submitted for examination and must be returned with any supporting evidence to the Customer Services and Quality Assurance Department at least 3 weeks before timetables are submitted. Please contact them if you need further assistance.

Teacher's name..... Membership Number

School..... Correspondence Address.....

.....
Candidate Surname..... First Name(s).....

Date of birth..... Male/Female..... Candidate PIN number.....

Please give full details of the examination the candidate wishes to enter (including Faculty, Category, Division, Grade and Unit of the FDI/CDE)

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If examination is already booked, please give details of date & reference number.

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Please complete either box A or box B. (Please use additional sheets if necessary)

A. ONLY FOR CHANGES TO THE ASSESSMENT CONDITIONS EG. EXTRA TIME.
Please give details of the candidate's disability, including doctor's notes as necessary, and of the change to the assessment candidates requested.

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B. Where no changes are requested please make the examiner aware of the following difficulties/special requirements.

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(The examiner will be informed of the details and authorised change.)

TEACHER SIGNATURE: *Please note: The actual basis for marking and awarding of the examination is the same as for those without special arrangements.*

FOR ISTD USE ONLY

ASA Ref No

Date received.....

Q.A. Comments

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Date passed to Faculty.....

Signature for Faculty.....

Date returned.....

Exam Date.....

Examination Reference No

Replied to Teacher.....

Informed examiner.....

Details of special requirements granted

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Reasons for refusal

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