

Reasonable Adjustments Application Form

All applications for Reasonable Adjustments must be submitted at the time of registration. In order to request Reasonable Adjustments, you will need to provide official evidence (**in English only**) which must include detailed recommendations and confirm that this is your normal and current way of working. Official evidence must be issued within the last six months.

Failure to submit your application together with an acceptable form of official evidence by the published application deadline, may result in your request being rejected. Please refer to the relevant Key Dates document on our website for all date information.

Qualification title	
Exam session (Month and Year)	
Exam Unit(s)	
Full name	
Email address	
Candidate number (if known)	
Contact number	
Exam to be sat with	<input type="checkbox"/> CIOLQ Virtual Centre <input type="checkbox"/> Approved Exam Venue <input type="checkbox"/> British Council Exam Venue <input type="checkbox"/> Other
If Other, please specify	
Exam Venue address	
Exam Officer's contact name	
Exam Venue email address	

Application due to	<input type="checkbox"/> Cognition need e.g. Dyslexia <input type="checkbox"/> Communication and interaction need e.g. ASD <input type="checkbox"/> Sensory and physical needs e.g. HI, VI, PD, Type 1 Diabetes <input type="checkbox"/> Social, emotional, and mental health needs e.g. ADHD, Mental Health conditions <input type="checkbox"/> Religious grounds <input type="checkbox"/> Other needs
If Other is selected, please specify	
Specify which Reasonable Adjustments you are applying for	

Extra time guidance

CIOL Qualifications awards 25% extra time as standard on receipt of satisfactory official evidence. Allocation of extra time above the 25% threshold may be considered in exceptional circumstances only.

Suggested evidence

The following forms of official evidence are acceptable but must contain detailed recommendations and confirmation that this is the applicant’s normal and current way of working.

- Psychologist’s report
- Medical report
- Professional statement
- Medical certificate
- Exam Venue report
- If applying on Religious grounds only (a written statement signed by an appropriate religious authority)
- Other

If Other, please specify providing as much detail as possible.



DECLARATIONS

If you are taking the exam at an approved Exam Venue please complete Declaration 1 and 2. If you are taking the exam via the CIOLQ Virtual Centre, please complete Declaration 2 only.

Declaration – 1

I confirm that the information provided on this form is accurate. As an Exam Venue representative, I fully support the application and confirm that the candidate will be appropriately supported and will be able to access the exam as required by the qualification specification and CIOL Qualifications regulations.

Exam Venue representative name and signature*

Date:

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Declaration – 2

I declare that the information on this form is true and accurate, and I agree to CIOL Qualifications processing my data.

Candidate signature*

Date:

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*If completing electronically, please type your name in full.

Email this completed form to: qualifications@ciol.org.uk

If you require any assistance with completing this form, contact the Customer Services Team on 0207 940 3100 who will be happy to help.