

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) issued within the last six months.

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

Qualification title	
Assessment session	
Full name	
Email address	
Membership /Candidate number (if known)	
Contact number	
Assessment to be sat with	<input type="checkbox"/> CIOLQ Virtual Centre <input type="checkbox"/> British Council Venue <input type="checkbox"/> Approved Assessment Centre <input type="checkbox"/> Other
If Other, please specify	
Centre address	
Contact name	
Centre email address	
Application due to	<input type="checkbox"/> Cognitive impairment, e.g. Dyslexia <input type="checkbox"/> Hearing impediment <input type="checkbox"/> Motor difficulties, e.g. hand-eye coordination <input type="checkbox"/> Physical impairment <input type="checkbox"/> Religious grounds <input type="checkbox"/> Visual impairment <input type="checkbox"/> Other needs



If Other selected, please specify

Specify which special arrangement you are applying for

Extra time guidance

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

Suggested evidence

- Centre confirmation of your needs
- Full medical or psychological report
- Medical certificate
- Written statement signed by an appropriate religious authority (only valid if applying on religious grounds)
- Other

If Other, please specify



DECLARATIONS

If you are taking the assessment at a registered centre please complete declaration 1 and 2. If you are taking the assessment at the CIOLQ Open Centre please complete declaration 2 only.

Declaration – 1

I confirm that the information provided on this form is accurate. As centre representative I fully support the application and confirm that the candidate will be appropriately supported and will be able to access the assessment criteria required by the qualification specification.

Centre 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.