

## Reasonable Adjustments Application Form

All applications for Reasonable Adjustments must be submitted at the time of registration. If you are applying for Reasonable Adjustments after the submission of the entry form, please complete and submit this form not later than 10 working days prior to the assessment date. In order to request Reasonable Adjustments, you will need to provide official evidence issued within the last six months.

Failure to submit your request within the minimum time stated above will result in your request being rejected.

|   |   |
|---|---|
| Qualification title                     |   |
| Assessment session                      |   |
| Full name                               |   |
| Email address                           |   |
| Membership /Candidate number (if known) |   |
| Contact number                          |   |
| Assessment to be sat with               | <ul style="list-style-type: none"> <li>CIOLQ Open Centre</li> <li>British Council Venue</li> <li>Approved Assessment Centre</li> <li>Other</li> </ul>   |
| If Other, please specify                |   |
| Centre address                          |   |
| Contact name                            |   |
| Centre email address                    |   |
| Application due to                      | <ul style="list-style-type: none"> <li>Cognitive impairment, e.g. Dyslexia</li> <li>Hearing impediment</li> <li>Motor difficulties, e.g. hand-eye coordination</li> <li>Physical impairment</li> <li>Religious grounds</li> <li>Visual impairment</li> <li>Other needs</li> </ul> |



|   |  |
|---|--|
| <p>If Other selected, please specify</p>                      |  |
| <p>Specify which special arrangement you are applying for</p> |  |

### 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](mailto:qualifications@ciol.org.uk)

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