

NATIONAL EXAMINING BOARD FOR DENTAL NURSES

Reasonable Adjustments Application Form

This form is intended for candidates who wish to apply for an adjustment to be made to their examination arrangements. Candidates should read the Reasonable Adjustments Policy before making an application, in particular the section on confidentiality. Candidates should contact NEBDN before submitting their application if they have any queries.

1. Applicant details	
Candidate name	
NEBDN candidate number <i>(if you are already registered)</i>	
Candidate home address	
Candidate email address	
Candidate telephone number	

2. Examination details <i>(please confirm which examination your application relates to)</i>	
Name of qualification	
Examination date <i>(if known)</i>	
<i>Note: You do not need to make an application for each examination you take, unless your needs change.</i>	

3. Type of application <i>(please confirm on what basis you are making an application)</i>	
Disability (as defined by the Equality Act 2010)	<input type="checkbox"/>
Religious grounds	<input type="checkbox"/>

4. Documentary evidence	
<i>I have attached the following document(s) to support my application: (tick all that apply)</i>	
Medical report, statement or letter from qualified medical professional	<input type="checkbox"/>
Letter from religious representative <i>(for applications based on religious grounds)</i>	<input type="checkbox"/>
Other <i>(please list any other documents that you are attaching in support of your application)</i>	<input type="checkbox"/>

Please also complete page 2 of this form.

Post your completed form to NEBDN, First Floor, Quayside Court, Chain Caul Way, Preston, PR2 2ZP.

5. Your needs (please indicate what adjustment(s) you are asking us to consider – tick all that apply)	
Examination on a different day of the week (for applications based on religious grounds only)	<input type="checkbox"/>
Disabled access	<input type="checkbox"/>
Additional time in an examination	<input type="checkbox"/>
Documents on coloured paper – tell us the colour you need	<input type="checkbox"/>
Coloured overlay – I wish to use my own coloured overlay	<input type="checkbox"/>
Documents in a larger font size – please specify the size you need	<input type="checkbox"/>
Written information in place of verbal information	<input type="checkbox"/>
An assistant to act as a reader	<input type="checkbox"/>
An assistant to act as a scribe	<input type="checkbox"/>
Separate examination room and invigilator	<input type="checkbox"/>
Opportunities to take supervised rest breaks	<input type="checkbox"/>
A place of privacy to take medication	<input type="checkbox"/>
Examiners/invigilators to be made aware of a medical condition	<input type="checkbox"/>
Please specify.....	<input type="checkbox"/>
Other (please describe any other adjustment(s) you are asking us to consider)	<input type="checkbox"/>

6. Declaration and signature			
<i>I have read the NEBDN Reasonable Adjustments Policy and I agree for NEBDN to use the information I have provided in my application in accordance with the policy and for the purposes of making an adjustment to my examination(s). The information will otherwise be kept confidential.</i>			
Applicant signature		Date	

For NEBDN use only			
Application assessed by:		Date assessed:	
Application rejected and applicant notified: <input type="checkbox"/>		Date notified:	
Application accepted for consideration: <input type="checkbox"/>		Date sent to Mgr:	