



Reasonable Adjustments Application Form

This form is intended for candidates who wish to apply for an adjustment to be made to their examination arrangements.

Please make sure you have read the Reasonable Adjustments Policy before making an application.

Please contact us before submitting your application if you have any queries.

Course providers can assist with you with this application, but it must be made by the candidate for whom the adjustment is required, and the form must be signed by the candidate.

1. Candidate details	
Name	
NEBDN candidate number	
Course provider	
Home address	
Email address	
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"/>
Report of a learning disability from an educational practitioner (eg psychologist)	
Other <i>(please list any other documents that you are attaching in support of your application)</i>	<input type="checkbox"/>

5. Your needs <i>(please indicate what adjustment(s) you are asking us to consider – tick all that apply)</i>	
Examination on a different day of the week <i>(for applications based on religious grounds only)</i>	<input type="checkbox"/>
Disabled access	<input type="checkbox"/>
Additional time in an examination	<input type="checkbox"/>
Documents on coloured paper <i>(specify the colour you need)</i>	<input type="checkbox"/>
Coloured overlay <i>(I wish to use my own coloured overlay)</i>	<input type="checkbox"/>
Documents in a larger font size <i>(specify the font size you need)</i>	<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 monitored 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 <i>Please specify.....</i>	<input type="checkbox"/>
Other <i>(please describe any other adjustment(s) you are asking us to consider)</i>	<input type="checkbox"/>



6. Declaration and signature			
<i>I have read the NEBDN Reasonable Adjustments Policy and I agree that NEBDN can 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	
Initial application reviewed by:	Date reviewed:
Application rejected and applicant notified <input type="checkbox"/>	Date applicant notified:
Grounds for rejection:	
Application accepted for consideration <input type="checkbox"/>	Date of Management review of application:
Application outcome (including reasonable adjustments agreed and for which examination(s):	
Date candidate informed of final outcome:	
Details on other contact with candidate:	

Please scan and return your completed form to our Customer Support team at CustomerSupports@NEBDN.org or Post your completed form to NEBDN, First Floor, Quayside Court, Chain Caul Way, Preston, PR2 2ZP.