Application for Reasonable Adjustments

Please ensure you have read RSL’s Reasonable Adjustments and Special Considerations Policy before completing this form: <https://www.rslawards.com/about-us/policies-regulations/>

RSL is unable to provide any adjustments to assessment conditions without a completed form. Failure to complete the form appropriately or submit suitable medical evidence will result in the form being sent back to the applicant and potential delays to scheduling the candidate’s exam.

Please email the completed form to info@rslawards.com with any supporting documents within 14 days of receipt.

For individuals with physical or mental conditions RSL accepts diagnostic confirmation on headed paper by medical practitioners and for learning needs from Educational Psychologist or SEND qualified personnel. Subsequent applications for a reasonable adjustment must be accompanied by supporting evidence as a candidate’s condition may change over time or a different adjustment may be required for an examination at a higher grade or in a different discipline. RSL will only store supporting medical or other evidence for a maximum of 1 year in accordance with GDPR requirements. ***By signing this form, you give consent for RSL to store and process this data in accordance with GDPR requirements.***

**Section 1**

Type of examination

Choose an item.

Full Name of the candidate for whom the reasonable adjustment is requested

Order Number

Name of Responsible Person requesting the adjustment

Responsible person’s role:

[ ]Parent/Guardian

[ ]Teacher

[ ]Candidate (if over 18)

[ ] Healthcare Professional/SENCO

**Section 2**

**What adjustments to the exam would you like to request? Please tick at least one.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Extra time |  | Scribe\* |
|  | Rest breaks |  | Live speaker\* |
|  | Practical assistant/prompter |  | Sign Language Interpreter |
|  | Coloured/enlarged papers |  | Separate invigilation\* |
|  | Examiner awareness/instruction  |  | Alternative site arrangement\* |
|  | Reader\* |  | Other (please give more details below) |

\* written examinations only

Please add any additional information to support the request for adjustment (e.g. if it applies to a specific section(s) of an exam or examiner instruction etc). If you are unsure of the standard process or procedure for your specific exam please check [www.rslawards.com](http://www.rslawards.com) or contact an RSL member of staff.

**Supporting documentation (please tick at least one)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | SENCO confirmation of additional time |  | SEN statement/ECHP |
|  | Psychologist/diagnostic report |  | Letter from Medical Practitioner |
|  | Other (please specify) |

**Section 3**

**I am happy for and would like RSL to inform the:** (please tick as many as appropriate):







**I certify that I am the candidate, *or* I am legally responsibility for the candidate and have the candidate’s permission to apply for adjustments to the candidate’s exam.**

**I confirm that in signing this form I give consent for RSL to process supporting medical information for the purposes of making a decision about the adjustment to be made, in accordance with GDPR requirements.**

Signature Print Name

 Date