

# Reasonable Adjustment Form for Corporate and Professional Qualifications

It is important to us that all our students have the opportunity to demonstrate their true level of ability during an assessment.

To make an application, please read the **Reasonable Adjustments Policy and Procedure for Corporate & Professional Qualifications** and then email your completed form, together with supporting evidence, **at least 8 weeks prior** to the date when your adjustment will need to be in place. We may not be able to apply your adjustment if received after this deadline.

## YOUR DETAILS

LIBF number (if known) \_\_\_\_\_ Title (Mr/Mrs/Ms etc) \_\_\_\_\_

First name(s) / Given name(s) \_\_\_\_\_

Last name / Family name \_\_\_\_\_

Date of birth\* (DD/MM/YYYY) \_\_\_\_\_ Gender Male  Female

\*A date of birth is compulsory to activate your online account.

## CONTACT DETAILS

Email address\* \_\_\_\_\_

Please provide a telephone number we can use to contact you if necessary:

Telephone no. \_\_\_\_\_ Mobile no. (if different from Telephone no.) \_\_\_\_\_

\*Please note that having a valid email address is a compulsory requirement of study.

## ADDRESS DETAILS

Business address \_\_\_\_\_

Postcode / Zipcode \_\_\_\_\_ Country \_\_\_\_\_

Home address \_\_\_\_\_

Postcode / Zipcode \_\_\_\_\_ Country \_\_\_\_\_

Please indicate which address you would prefer us to use for postal correspondence: Business  Home

## PLEASE TICK THE BOXES THAT YOU FEEL BEST DESCRIBE YOU

- You have a social / communication impairment such as Aspergers syndrome
- You are blind or have a serious visual impairment
- You are deaf or have a serious hearing impairment
- You have a long standing illness or health condition such as cancer, HIV or epilepsy
- You have a mental health condition, such as depression or anxiety disorder
- You have a specific learning difficulty such as dyslexia, dyspraxia or ADHD
- You have a physical impairment or mobility issues
- You have a disability, impairment or medical condition that is not listed above

We require a statement from a medical professional that confirms the nature of your disability eg Doctor's or Consultant's letter, Educational Psychologist's or Specialist Teacher's Assessment report. If you are unsure what documents to send please contact us for further advice. We may request further supporting evidence and in all cases, you should only send photocopies or scans as we are unable to return original documents

Is this a permanent impairment? Yes  No

Please give any additional information below that you feel may be relevant:

## Requirements for Support

Listed below are various types of possible support available to students. Please indicate your requirements below:

Access to the physical environment for examinations	Tick
Assistance with evacuating a building quickly in an emergency	<input type="checkbox"/>
Assistance in opening heavy doors	<input type="checkbox"/>
Level access to buildings (via lift or ramp)	<input type="checkbox"/>
Ergonomic Furniture (including seating / desks)	<input type="checkbox"/>
Reserved area for wheelchair / mobility scooter	<input type="checkbox"/>
Easy access to bathroom facilities	<input type="checkbox"/>
Reserved seating near front / light source / window / exit	<input type="checkbox"/>
Loop / Infrared system for hearing aid	<input type="checkbox"/>
Examination arrangements	
Extra time	<input type="checkbox"/>
Use of a word processor	<input type="checkbox"/>
A reader	<input type="checkbox"/>
An amanuensis (scribe) to transcribe your answers	<input type="checkbox"/>
A separate room from the main examination room	<input type="checkbox"/>
Rest or nutrition breaks	<input type="checkbox"/>
Examination paper produced in an alternative format (eg large type face)	<input type="checkbox"/>
Please specify:	<input type="checkbox"/>
Additional information	
If the support you require is not listed above, please provide details below so that your request may be considered.	

### YOUR PERSONAL DATA

We will use and protect your personal data in accordance with current data protection legislation to evaluate your claim and make reasonable adjustments to your assessment where approved. We will share the information you have provided with appropriate members of staff and third parties where necessary to implement a reasonable adjustment. Further details, including your rights, the disclosure of data to third parties, storage, retention and how to amend your personal data, can be found within our **Privacy Notice** ([www.libf.ac.uk/privacy](http://www.libf.ac.uk/privacy)).

Please email your form and copies of supporting evidence to:  
**support@libf.ac.uk**

### DECLARATION

- I declare that the information contained in this form is true and accurate
- I confirm that by completing and submitting this form and associated evidence, I give consent to the processing and secure storing of the evidence provided.

Signed \_\_\_\_\_ Date \_\_\_\_\_