

British Safety Council Reasonable Adjustments Application Form



Before completing this application form, you should read the Reasonable Adjustments Policy. The form should be sent to Head of Qualifications, British Safety Council, 70 Chancellors Road, London W6 9RS or by fax to 0208 741 5907

SECTION 1 - CONTACT DETAILS

Title _____
First name _____
Last name _____
Date of birth _____
Address _____

Daytime telephone number _____

SECTION 2 - ADJUSTMENT REQUEST

Qualification

Assessment date

Please explain the need for this adjustment

SECTION 3 - SUPPORTING EVIDENCE

The British Safety Council requires a statement from a medical professional that confirms the nature of the problem that requires reasonable adjustment(s) to be made for your assessment. Please ensure that the document is signed and the originator can be clearly identified with contact address and telephone number as we may wish to contact them for clarification if we are unsure about the adjustments we need to make. Please list the document(s) you are providing (photocopies are acceptable).

Please indicate which of the following adjustments would be satisfactory for your needs (you may tick more than one).

- 25% extra time for the examination.
 - Large typeface. Please tell us the size pts.
 - Wheelchair access to examination venue.
 - Someone to read the questions to you.
 - Someone to scribe your answers for you.
 - Other, please specify.
- _____

SECTION 4 - DECLARATION

We will process your data in accordance with the principles of the UK Data Protection Act (1998).

I confirm that by completing and submitting this form I

- give consent to the processing of this data;
- have read and understand the British Safety Council Reasonable Adjustment Policy;
- have supplied information which to the best of my knowledge is correct.

Signature _____

Date _____