

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 email to qualifications@britsafe.org

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).
<input type="checkbox"/> 25% extra time for the examination.
<input type="checkbox"/> Large typeface. Please tell us the size <input type="checkbox"/> pts.
<input type="checkbox"/> Wheelchair access to examination venue.
<input type="checkbox"/> Someone to read the questions to you.
<input type="checkbox"/> Someone to scribe your answers for you.
<input type="checkbox"/> 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
<ul style="list-style-type: none">• 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 _____



SECTION 4 – BRITISH SAFETY COUNCIL OFFICE USE	
Supporting Document / REF No	_____

Date on Document	_____
Name and Address	_____

Initial and Date of checker	_____