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| REASONABLE ADJUSTMENTS REQUEST FORM | | |
| Name of candidate |  | |
| RCPath Candidate Number  (if known) |  | |
| Name of examination |  | |
| Date of examination  (if known) |  | |
| Nature of disability/impairment  Please describe here the disability/impairment that you wish the College to take into account in deciding what reasonable adjustment would be appropriate for this examination. Candidates should explain how their ability to perform the examination is affected by their disability/impairment.  Documentary evidence provided by a disability assessor/any other suitable professional should be submitted with this form. Candidates with a specific learning disability, such as dyslexia, should attach a report from a disability assessor/educational/chartered psychologist or specialist teacher with a practising certificate (PAT0SS), reporting on an assessment undertaken in English after the age of 16. | | |
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| Reasonable adjustments granted for previous examinations  Please outline any reasonable adjustments that have been granted for examinations you (the candidate) have taken in the past, including any previous attempts at the FRCPath examination. Candidates should include as much detail as possible, for example if they were granted additional time, how much additional time was granted, when the adjustment/s were granted and for what type of examination etc. | | |
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| Confidentiality  The information provided in this form, and any additional supporting information that you (the candidate) provide, will be held by the the College’s Examinations Department in accordance with the Data Protection Act 2018. It will only be shared with members of a small advisory group if further discussion is required.  It is up to you (the candidate) if you would like the reason for the adjustment (i.e. the underlying disability/impairment) to be communicated to the host examiner, senior examiner, examiners and role players. Please indicate your (the candidate’s) choices below.   * I (the candidate) give / do not give [delete as appropriate] my consent for the RCPath to contact my [the candidate’s] disability assessor/suitable professional for the purposes stated above. * I (the candidate) would like / would not like [delete as appropriate] the relevant RCPath Examinations Team/Board/Examiner/Panel Chair to be made aware of the underlying disability/impairment that has given rise to my request for reasonable adjustments. | | |
| Signed by candidate: | |  |
| Date: | |  |