

Application for Reasonable Adjustments

Candidate Name:		Candidate Number:	
Centre Name:		Centre Number:	

Please list all examinations where Reasonable Adjustments are requested

Qualification Level	Name of Examination/Unit	Date of examination

Please explain why you are applying for reasonable adjustments eg please state the nature of your disability.

Please state the reasonable adjustments that you are requesting and explain why you have applied for these eg state how the adjustment will support your access to the examination.



Have you previously submitted supporting evidence to IFE?

Yes/No

If you have not previously submitted supporting evidence, evidence should be attached to this application. Please list any evidence attached that supports your request*

*For candidates seeking reasonable adjustments due to Dyslexia/learning disability, candidates should submit a current psychologist's report and/or occupational health statement supporting the diagnosis. This statement should include a recommendation as to the examination arrangements required and must be signed by a qualified expert. Computer-generated reports without endorsement by a named and qualified professional will not be accepted as supporting evidence.

Personal Data

The IFE will hold information submitted via the reasonable adjustment procedure only for the following purposes:

- to provide an audit trail to explain the provision of reasonable adjustments
- to improve the service to candidates – supporting evidence will need to be submitted only for the first application and a record of previous reasonable adjustments will speed up the review and decision process
- to enable us to carry out monitoring of the effectiveness of the arrangements we provide.

For information on our privacy policy please see: <http://www.ife.org.uk/Qualification-FAQs>



Candidate's Declaration

By completing this form and submitting it to the IFE either in paper or electronic form, the candidate confirms that the information provided is correct and consents to the IFE holding the personal information provided for the purposes identified above.

Candidate's signature:

Date:

Submitting this form

Please email to: adminstaff@ife.org.za