

BCS 3 Newbridge Square Swindon Wiltshire SN1 1BY

Reasonable Adjustments Request Form

T +44 (0) 1793 417 417 www.bcs.org

All applications for reasonable adjustments must be submitted a minimum of 10 working days prior to the exam or End Point Assessment (EPA) Gateway submission date. Requests for Higher Education Qualifications must be submitted 4 weeks prior to the exam date.

If you are taking an online exam via Pearson VUE or our remote proctored service, you must submit your completed form before booking your exam sitting. For Pearson Vue you will need to register before requesting reasonable adjustments. Once approved you will be provided details on how to proceed to book your exam.

For End Point Assessment reasonable adjustments, please ensure the RA has been approved on ACE360 prior to the gateway being submitted to BCS.

Failure to submit your request within the minimum time stated above will result in your request being rejected.

Examination title/EPA Standard						
Name						
Email address						
Membership Number/ACEID						
Contact phone number						
Preferred method of communication						
Exam to be sat with:		centre				
		ote proctored)				
	BCS Public exam					
EPA Assessment Method(s):						
What is the nature of your disability? (tick or complete as appropriate)						
What is the nature	of your disability? (ti	ck or complete as appropriate)				
What is the nature	<u> </u>	ck or complete as appropriate)				
Cognitive impairme	<u> </u>					
Cognitive impairme	ent e.g. Dyslexia g. hand-eye co-ordination	☐ Visual impairment				
 Cognitive impairme Motor difficulties e. Hearing impairmen 	ent e.g. Dyslexia g. hand-eye co-ordination	 Visual impairment Physical impairment e.g. cerebral palsy 				
 Cognitive impairment Motor difficulties e. Hearing impairment Other (please spectrum) 	ent e.g. Dyslexia g. hand-eye co-ordination it sify in details section)	 Visual impairment Physical impairment e.g. cerebral palsy 				
 Cognitive impairment Motor difficulties e. Hearing impairment Other (please spectrum) 	ent e.g. Dyslexia g. hand-eye co-ordination it sify in details section)	 Visual impairment Physical impairment e.g. cerebral palsy Religious grounds 				
 Cognitive impairme Motor difficulties e. Hearing impairmen Other (please spect What reasonable a	ent e.g. Dyslexia g. hand-eye co-ordination at bify in details section) adjustments do you re	 Visual impairment Physical impairment e.g. cerebral palsy Religious grounds 				
 Cognitive impairme Motor difficulties e. Hearing impairmen Other (please spector) What reasonable a Reader / Scribe 	ent e.g. Dyslexia g. hand-eye co-ordination it sify in details section) adjustments do you re	Visual impairment Physical impairment e.g. cerebral palsy Religious grounds equire? (tick and provide details below) Larger font				
 Cognitive impairment Motor difficulties e. Hearing impairment Other (please spector) What reasonable at the sector of t	ent e.g. Dyslexia g. hand-eye co-ordination it sify in details section) adjustments do you re	 Visual impairment Physical impairment e.g. cerebral palsy Religious grounds equire? (tick and provide details below) Larger font Coloured paper (pink/blue/green/yellow) 				

Please provide further details of requirement on the next page:

Extra time required for the disability	Extra	time	require	ed for	the	disabilit	y
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The standard time extension for BCS examinations is 25% upon submission of a suitable medical certificate confirming your disability. Up to 100% extra time may be allocated dependent on your particular needs. Your Health Professional must make a recommendation for how much time is required if more than 25% is requested.

Requested additional time in minutes:

Please indicate the form of evidence that supports your request and return a copy of the report with this form:					
The original Health Professional report with specified allowance request clearly detailed					
A letter from another Awarding Body approving reasonable adjustments					
A written statement signed by an appropriate religious authority (only applicable on religious grounds)					
Other (please give details below)					
Tick the box to confirm that relevant evidence has been attached					
I confirm that the information on this form is true and accurate					
I give BCS consent to process the information I have provided for the purposes of considering a reasonable adjustment to my exam arrangements					
I have read and understood the <u>BCS Privacy Notice</u>					
Signature:					
Date:					
For HEQ qualifications, please submit this form to <u>exams@bcs.uk</u>					
For Professional Certifications and Apprenticeship Knowledge Modules/Units, please submit this form to eprofessional@bcs.uk					

For EPA Standards, please submit this form to <u>epateam@bcs.uk</u> and request the RA through ACE360. DO NOT attach any documents to the apprentices' record in ACE360 as the supporting documentation of this process will be deleted once the RA is approved.

If you require any assistance with completing this form, then the Customer Service Team would be happy to help. Please call us on + 44 (0) 1793 417 417 during our office hours 08:30 - 17:15 GMT.