

## Reasonable Adjustment Application

Before completing this form, you should read the Reasonable Adjustment Policy. If you have any queries, please call us on +44 (0) 1344 630810 or email: [academy@ciob.org.uk](mailto:academy@ciob.org.uk)

All applications for reasonable adjustments must be submitted before the assessment date.

Requests must allow 20 working days.

If you do not submit your reasonable adjustment application within the stated time frame, the CIOB Academy may be unable to accommodate your request.

### 1. Personal information

Learner Number: (if known)			
Forename(s):		Surname:	
Title: (e.g. Mr/Mrs/Miss/Dr)		Date of Birth:	
E-mail address:			

Please indicate which of the following applies:

I have not had a reasonable adjustment approved by the CIOB Academy before	
I have previously had a reasonable adjustment approved by the Academy	

### 2. Assessment details

Assessment title:	
Assessment start date:	
Assessment submission deadline:	

3. Nature of condition (indicate as appropriate):

Medical condition, e.g. epilepsy or diabetes	<input type="checkbox"/>
Physical impairment (permanent or temporary), e.g. cerebral palsy, multiple sclerosis, broken limb	<input type="checkbox"/>
Sensory impairment, e.g. visual or hearing impairment	<input type="checkbox"/>
Specific learning difficulties, e.g. dyslexia, dyspraxia	<input type="checkbox"/>
Social, emotional or mental health difficulties, e.g. autism, anxiety	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>
The Building Regulations 2010: A contractors guide to their requirements and application	

4. Nature of condition (indicate as appropriate):

Medical condition, e.g. epilepsy or diabetes	<input type="checkbox"/>
Physical impairment (permanent or temporary), e.g. cerebral palsy, multiple sclerosis, broken limb	<input type="checkbox"/>
Sensory impairment, e.g. visual or hearing impairment	<input type="checkbox"/>
Specific learning difficulties, e.g. dyslexia, dyspraxia	<input type="checkbox"/>
Social, emotional or mental health difficulties, e.g. autism, anxiety	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

### 5. Details of Reasonable Adjustment(s) Required

Please provide clear details of any reasonable adjustments needed to support your learning, assessment, or overall experience. Include relevant information on how these adjustments will assist you.

All supporting evidence provided must be official, up-to-date, and issued by an appropriately qualified professional. Please note that while all requests will be carefully considered, reasonable adjustments are subject to approval and may not always be granted.

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### 6. Supporting evidence

All supporting evidence provided for reasonable adjustments must be official, up-to-date evidence from an appropriately qualified expert.

Please tick as appropriate:

I have attached supporting evidence to this reasonable adjustment application.	
I have not attached supporting evidence to this reasonable adjustment application.	

### 7. Declaration

I confirm that the information provided is accurate and I consent to this information being processed in connection with requests made to the CIOB Academy for reasonable adjustments in examinations/assessments.	
I confirm that I have read and understand the CIOB Academy's Reasonable Adjustment & Special Considerations Policy.	

Signed:		Date:	
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Please email your application form together with your supporting evidence to [academy@ciob.org.uk](mailto:academy@ciob.org.uk)