



# Application for Reasonable Adjustment

Please ensure you have read Griffin College's published Reasonable Adjustments Policy before completing this form

Griffin is unable to provide any adjustments to assessment conditions without a completed form. Failure to complete the form appropriately or submit suitable medical evidence will result in the form being sent back to the applicant and potential delays to scheduling the candidate's exam.

Please email the completed form to [admin@griffincollege.org.uk](mailto:admin@griffincollege.org.uk) with any supporting documents within 14 days of receipt.

For individuals with physical or mental conditions Griffin College London accepts diagnostic confirmation on headed paper by medical practitioners and for learning needs from Educational Psychologist or SEND qualified personnel. Subsequent applications for a reasonable adjustment must be accompanied by supporting evidence as a candidate's condition may change over time or a different adjustment may be required for an examination at a higher grade or in a different discipline. Griffin College London will only store supporting medical or other evidence for a maximum of 1 year in accordance with GDPR requirements. By signing this form, you give consent for Griffin College London to store and process this data in accordance with GDPR requirements.

## Section 1

Full Name of the candidate for whom the Reasonable Adjustment is requested

GCL PAN Number

Name of Responsible Person requesting the adjustment

Responsible person's role (must be one of the following relationships)

- Parent
- Guardian
- I am the Candidate and over 18 years of age
- Health Professional

## Section 2

What adjustments to the exam would you like to request? Please tick at least one.

<input type="checkbox"/>	Extra time	<input type="checkbox"/>	Scribe*
<input type="checkbox"/>	Rest breaks	<input type="checkbox"/>	Live speaker*
<input type="checkbox"/>	Practical assistant/prompter	<input type="checkbox"/>	Sign Language Interpreter
<input type="checkbox"/>	Coloured/enlarged papers	<input type="checkbox"/>	Separate invigilation*
<input type="checkbox"/>	Examiner awareness/instruction	<input type="checkbox"/>	Alternative site arrangement*
<input type="checkbox"/>	Reader*	<input type="checkbox"/>	Other (please give more details below)

*Tick all applicable*

Graded Examination (Theory and Practical)

**Supporting documentation (please tick at least one)**

<input type="checkbox"/>	SENCO confirmation of additional time	<input type="checkbox"/>	SEN statement/ECHP
<input type="checkbox"/>	Psychologist/diagnostic report	<input type="checkbox"/>	Letter from Medical Practitioner
<input type="checkbox"/>	Other (please specify)		

**Section 3**

I am happy for and would like Griffin College London to inform the:  
(please tick as many as appropriate)

- Examiner
- Steward
- Coordinator

I certify that I am the candidate, or I am legally responsible for the candidate and have the candidate's permission to apply for adjustments to the candidate's exam.

I confirm that in signing this form I give consent for Griffin College London to process supporting medical information for the purposes of making a decision about the adjustment to be made, in accordance with GDPR requirements.

Signature

Print Name

Date