The London Institute of Banking & Finance

Reasonable Adjustment Request Form

For further information regarding reasonable adjustments, please refer to the Reasonable Adjustment policy available on our website. Please return this form to fcexams@libf.ac.uk

Centre Name						Centre	ADMN Number	ADMN					
Examinations	Officer Nar	me											
Student LIBF Number	Initial	Surna	me Reason for Request *Compulsory* see note 6	Evidence Held see note 7	Exam Font – A4 18 point bold	Exam Font – A3 24 point bold	Exam Format -Colour See note 11	Extra Time Required see note 8	PC for Written Exams	Reader Required	Scribe Required	Supervised Rest Breaks	Bilingual Dictionary
 By ticking this box and submitting this form I certify that it contains the details of all Access Arrangements granted by the establishment named in relation to the qualifications as indicated and that the signatory is satisfied that the access arrangements were granted in accordance with JCQ Regulations and Guidance. See note 9 We will use and protect your personal data in accordance with current data protection legislation to process your request. Further details, including your rights, the disclosure of data to third parties, storage, retention and how to amend your personal data, can be found within our Privacy Notice. 													
Examination Officer Signature								Date					

Notes on Completion

1	If this form is submitted by email, please ensure the document is password protected.
2	This form should be used when a student requires reasonable adjustment arrangements. Please list all students affected along with all adjustments required.
3	This form should be completed and returned to fcexams@libf.ac.uk at the time of registrations or six weeks before any examinations are booked.
4	For subsequent additions/amendments, please submit a new form.
5	A copy should be retained and made available to inspectors on Centre Monitoring/audit visits.
6	Under the heading 'Reason for Request' please choose one of the following codes:
	B - A social/communication impairment such as Asperger's syndrome or other autistic disorder C - Blind or have a serious visual impairment uncorrected by glasses D - Deaf or have a serious hearing impairment E - A long standing illness or health condition F - A mental health condition G - A specific learning difficulty H - A physical impairment or mobility issues J - 2 or more impairments and/or disabling medical conditions W - Poor handwriting skills X - Uses English as a second language
	Under the heading 'Evidence', choose one of the following:
7	EHCP - If Education, Health and Care Plan is held, EP - If an Education Psychologist Report is held, ST - If a Specialist Teacher report is held, MED - If Official Medical Evidence is held.
8	Under the heading 'Extra Time', please input the additional time required as a percentage of overall time. The standard time given is generally 25%, although up to 100% extra time can be granted if specified in the evidence.
9	By submitting this form via email, the centre is confirming the declaration to be true.
10	If any arrangements are required that are NOT covered under this form, please attach evidentiary documents to this request detailing the adjustments required.
11	LIBF e-test: we will set any colour submitted as a standardised background for the LIBF e-test software.
	Paper exams: we will provide a separate paper which can be copied on to the appropriate coloured paper/be used with a coloured overlay.