

Request for Reasonable Adjustments Form



Section 1 - Personal Details

ABDO Membership Number:

Title: Mr Mrs Miss Ms **Sex:** Male Female

Surname: _____

Forenames: _____

Section 2 - Nature Of Disability:

(Please describe the nature of your disability and how it will affect you taking the examination. Please include documentation from your employer or GP, depending on the nature of your disability, to support your request. Dyslexia report(s) must show recent, clinical assessment.

Section 3 – Examination(s) Please tick which Examination is being taken.

Level 6 – Diploma in Ophthalmic Dispensing

PQE Practical Theory
Final Practical Theory
FQE Practical Theory

Level 6 – The Certificate in Contact Lens Practice

CL Practice Practical Theory

Level 7 – The Diploma in Advanced In Contact Lens Practice

Advanced CL Practical Theory

Level 6 – Diploma in The Assessment & Management Of Low Vision

Low Vision Aids Practical Theory

Level 7 – The Diploma in Geometric Optics Of Ophthalmic Lenses Theory Only

Date of Examination: // Venue: _____

*Please attach this request form with your examination application

For Office Use Only

Special Support/Need:
(eg. Additional Time, Special Paper Requirement, Size, Colour or Rooming Requirements)

Reasonable Adjustments Agreed By: _____ Date: _____