

# Association of British Dispensing Opticians



## **REASONABLE ADJUSTMENTS AND SPECIAL CONSIDERATIONS POLICY AND PROCEDURES FOR WCSM CANDIDATES**

ABDO are committed to giving everybody who wants to gain a diploma, certificate or award the equal opportunity of achieving it in line with current UK legislation and EU directives.

Any student that has 'reasonable adjustments' requirements and wants special examination support will be offered the opportunity to sit the theory/practical examinations with those particular requirements in place, (e.g. for those students with dyslexia, visual impairment, speech impairment, a physical disability).

All examination application forms will be accompanied by a 'Request for Reasonable Adjustments Form'. This form is to be used by any candidate who believes they have particular needs and requires special arrangements (e.g. extra time, larger printing of papers, etc.). The Application Form should be signed by the student with the justification attached, (e.g. statement by the GP or other appropriate medical professional).

Each application will be reviewed by the Head of Examinations and Registration and if granted, a letter of confirmation will be sent to the candidate with details of special arrangements being put in place.

If the application is not upheld the candidate has the right to appeal the decision.

The Head of Examinations and Registration who will forward the appeal onto the Awarding Body (WCSM), for resolution. WCSM's ruling will be final.

These arrangements will be overseen by the Head of Examinations and Registration.

# Request for Reasonable Adjustments Form



## Section 1 - Personal Details (To be completed in BLOCK CAPITALS)

ABDO Membership Number:  Title: Mr  Mrs  Miss  Ms

Unique Learning Number (ULN):

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

## 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)

*This request form, and supporting documentation, must be submitted with your Examination Entry Form.*

Please confirm which examination you are taking:

LEVEL 2

LEVEL 3

LEVEL 4

LEVEL 5

If not completing the entire qualification, please confirm which units you are sitting.

---

---

---

---

---

Date of Examination: // Venue: \_\_\_\_\_

## For Office Use Only

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

Reasonable Adjustments Agreed By: \_\_\_\_\_ Date: \_\_\_\_\_