

Request for Reasonable Adjustments Form



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

ABDO Membership Number:

Title: Mr Mrs Miss Ms Sex: Male Female

Surname: _____

Forename(s): _____

Section 2 - Nature of Disability:

Please describe below 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 tick which Examination is being taken:

Level 6 – Diploma in Ophthalmic Dispensing

Final Practical Theory

PQE Practical Theory

FQE Practical Theory

Level 6 – Certificate in Contact Lens Practice

CL Practice Practical Theory

Level 7 – Diploma in Advanced Contact Lens Practice

Advanced CL Practical Theory

Level 6 – Diploma in the Management of Low Vision

Low Vision Practical Theory

Level 7 – Diploma in Spectacle Lens Design Theory only

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: _____