



The Association of British Dispensing Opticians



REASONABLE ADJUSTMENTS POLICY AND PROCEDURES FOR WCSM CANDIDATES

WCSM and 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.

The WCSM will look sympathetically on all requests for reasonable adjustments to its examinations from those with disabilities or other impairments, such as dyslexia and the use of wheel chairs, and will do everything practicable within the prevailing circumstances to facilitate their sitting of the examination without additional charge.

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.). It should state how the candidate's performance in an examination could be affected by their disability or condition and the exact nature of the adjustments requested (e.g. the specific size of font, colour of overlays, and amount of extra time).

The Request for Reasonable Adjustments Form should be submitted to ABDO Examinations and Registration along with the examination application form. The form must be signed by the student and must be accompanied by a statement by a GP, consultant, optometrist or other appropriately qualified professional confirming how the candidate's performance in an examination would be affected and the nature of the adjustments needed. If the employer has made adjustments in the workplace for the candidate, a statement by the employer of those adjustments should also be included.

Each application will be reviewed by the Head of ABDO Examinations and Registration and a recommendation made to the WCSM Qualifications Committee which will make the final decision. If the request is granted, confirmation will be sent to the candidate with the details of special arrangements being put in place and the examinations staff will be informed.

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



Request for Reasonable Adjustments Form



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

ABDO Number: **Title:** Mr Mrs Miss Ms

Unique Learner 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 – Disability Requirements:

Please state specifically what help/support you require and how this will help you in taking the examination(s).

Section 4 – 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 Optical Support Certificate in Optical Care at SCQF Level 5

Level 3 Optical Support Certificate in Optical Care at SCQF Level 7

Level 4 Diploma for Optical Technicians
(including Fast-Track)

Level 4 Diploma for Optical Assistants

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

Date of Examination: / / Venue: _____

For Office Use Only

Special Support/Need: (e.g. Additional Time, Special Paper Requirement, Size, Colour, Rooming or Invigilation Requirements)
Reasonable Adjustments Agreed By: _____ Date: _____