ABDO Level 4 Diploma
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 4 Diploma for Optical Technicians Year 1 ☐

Level 4 Diploma for Optical Technicians Year 2 ☐
(including Fast-Track)

Level 4 Diploma for Optical Assistants Year 1 ☐

Level 4 Diploma for Optical Assistants Year 2 ☐

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: _____

Examinations and Registration, The Association of British Dispensing Opticians, The Old Dairy, Godmersham Park, Canterbury CT4 7DT

Feb2020