

Request for Reasonable Adjustment Form



Please indicate exam session (i.e. Summer 2025): _____

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

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

Surname: _____ **Forename(s):** _____

Address: _____

_____ **Post Code:** _____

Section 2 – Adjustment Request:

Please explain the need for the adjustment(s), include documentation from your employer or GP, to support your application, depending on the nature of your request. Dyslexia report(s) must show recent clinical assessment. (Continue overleaf, if required).

Section 3 – Examination(s)

This request form, and supporting documentation, must be submitted at the time of applying for any examination.

Please tick relevant examination(s) applied for:

Level 6 – Diploma in Ophthalmic Dispensing (2015 Syllabus)

PQE Practical ☐ Theory ☐

FQE Practical ☐ Theory ☐

Level 6 – Diploma in Ophthalmic Dispensing (2023 Syllabus)

PQE Practical ☐ Theory ☐

FQE Practical ☐ Theory ☐

Level 6 – Certificate in Contact Lens Practice (2019 Syllabus)

CL Practice Practical ☐ Theory ☐

Level 6 – Diploma in Contact Lens Practice (2024 Syllabus)

CL Practice Practical ☐ Theory ☐

For Office Use Only

Documentation received with form ☐

Agreed By: _____
Head of Examinations and Registration

Date: _____