

# Application for Reasonable Adjustments

Please ensure you have read RSL's published Reasonable Adjustments and Special Considerations Policy before completing this form

<https://www.rslawards.com/about-us/policies-and-regulations>

RSL is unable to provide any adjustments to assessment conditions without a completed form. Failure to complete the form appropriately or submit suitable medical evidence will result in the form being sent back to the applicant and potential delays to scheduling the candidate's exam.

Please email the completed form to [info@rslawards.com](mailto:info@rslawards.com) with any supporting documents within 14 days of receipt.

Please note RSL will keep all applications and any medical evidence for a maximum period of 2 years from receipt. This evidence will be used against any other exams applied for during this time but only following agreement of the Responsible Person listed below. After this time the form and evidence will be destroyed and new applications will be requested if applicable.

## Section 1

Type of examination

Choose an item.

Full Name of the candidate for whom the reasonable adjustment is requested

Order Number

Name of Responsible Person requesting the adjustment

Responsible person's role (must be one of the following relationships) Choose an item.

*N.B. if you are not looking to apply for an adjustment to the assessment then please continue straight to Section 3*

## Section 2

**Which sections of the exam does the candidate anticipate needing an adjustment for?**

*Tick all applicable*

- Performance
- Technicals\*
- Examiner

\*Graded Music Exam candidates only

- Aural Tests
- Sight reading
- Improvisation and Interpretation
- Quick Study Piece

Please detail:

**How do you feel the candidate's condition may affect the element/s of the exam you have selected?**

**Has a SENCO authorised additional time to be appropriate for other academic exams?**

- Yes. Please provide evidence.
- No

*If you do not require any further changes to the exam please continue straight to Section 4*

### Section 3

Please tick if applicable

- We do not need any adjustments made to the assessment but need to apply for an adjustment to the process and procedure of a practical exam.

#### What adjustments in process/procedure would you like to request?

If you are unsure of the standard process or procedure for your specific exam please check [www.rslawards.com](http://www.rslawards.com) or contact an RSL member of staff.

### Section 4

**I am happy for and would like RSL to inform the:** (please tick as many as appropriate):

- Examiner (and Trainee Examiner if applicable)
- Centre Manager
- Steward

Where relevant please provide evidence to support this application (copies are acceptable).  
Examples of evidence could be a relevant diagnostic report, statement of learning needs or a doctor's report of a medical condition from appropriately qualified personnel.

**I certify that I have the candidate's permission or am legally responsible for the candidate, and have the authority to apply for adjustments to the candidate's exam.**

Signature

Print Name

Date