

# Reasonable Adjustment Application



Before completing this form, you should read the Reasonable Adjustment Policy. If you have any queries, please call us on +44 20 7645 0777 or email [reasonableadjustment@cisi.org](mailto:reasonableadjustment@cisi.org).

All applications for reasonable adjustments must be submitted **before** the examination date.

Requests for multiple choice examinations, delivered by computer-based testing in a centre, must allow **10 working days** for suitable arrangements to be put in place. Those for remote invigilation exams must allow **15 working days**. Requests relating to narrative (written) examinations must allow **20 working days**.

If you do not submit your reasonable adjustment application within the stated time frame, the CISI may be unable to accommodate your request.

## 1. Personal information

Candidate Number: <i>(if known)</i>		Membership Number: <i>(if known)</i>	
Forename(s):		Surname:	
Title: <i>(e.g. Mr/Mrs/Miss/Dr)</i>		Date of Birth:	
E-mail address:			

Please indicate which of the following applies:

I have not had a reasonable adjustment approved by the CISI before	
I have previously had a reasonable adjustment approved by the CISI	

## 2. Examination details

<b>For computer-based multiple-choice examinations:</b>			
Examination title:			
Examination venue / remote invigilation:			
Preferred examination date:		Preferred examination time:	

<b>For narrative examinations:</b>	
Examination title:	
Examination venue / remote invigilation:	
Examination date and time:	

**For financial plan case study assessment or schools extended project:**

Submission date:

**3. Nature of condition (*indicate as appropriate*):**

Medical condition, e.g. epilepsy or diabetes	
Physical impairment (permanent or temporary), e.g. cerebral palsy, multiple sclerosis, broken limb	
Sensory impairment, e.g. visual or hearing impairment	
Specific learning difficulties, e.g. dyslexia, dyspraxia	
Social, emotional or mental health difficulties, e.g. autism, anxiety	
Other ( <i>please specify below</i> )	

**4. Reasonable adjustment requested (*indicate as appropriate*):**

Additional time		Larger font	
Coloured paper (cream/yellow)		Use of low vision aids	
Support of a reader		Support of a scribe	
Support of sign language interpreter		Examination instructions in writing	
Remote invigilation using live chat facility only		Alternative assessment accommodation ( <i>please specify below</i> )	
Other ( <i>please specify below</i> )			

## 5. Additional information

If you wish to provide any further information regarding your reasonable adjustment application, please use the box below:

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## 6. Supporting evidence

A reasonable adjustment application form must be submitted for each examination where the candidate is seeking a reasonable adjustment.

Supporting evidence must be supplied:

- with the first reasonable adjustment form
- when a change is requested to previously agreed reasonable adjustment arrangements, and
- if the candidate is requesting a reasonable adjustment for a different examination type (i.e., MCQ, narrative, extended project for schools, etc.).

All supporting evidence provided for reasonable adjustments must be official, up-to-date evidence from a medical professional, educational psychologist or other appropriately qualified expert.

Supporting evidence must be provided on official headed paper, must be dated, and must contain the following information:

- the candidate's full name
- details of the nature and severity of the candidate's disability, and
- recommendations on the adjustments required for examinations.

*Please tick as appropriate:*

I have attached supporting evidence to this reasonable adjustment application.	
I have not attached supporting evidence to this reasonable adjustment application, because I have the appropriate reasonable adjustment agreed already by the CISI.	

## 7. Declaration

I confirm that the information provided is accurate and I consent to this information being processed in connection with requests made to the CISI for reasonable adjustments in examinations/assessments.	
I confirm that I have read and understand the <b>CISI's Reasonable Adjustment Policy</b> .	

Signed:		Date:	
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Please email your application form together with your supporting evidence to [reasonableadjustment@cisi.org](mailto:reasonableadjustment@cisi.org).