

Application for Reasonable Adjustments or Special Consideration

Centre name

Please complete a separate from for each individual candidate and send a completed copy to FDQ at fdq@fdq.org.uk

Registration number, if applicable					
Candidate nar	ne				
Assessment Number	Lovol		Assessment title		
Reason for application:					
Reasonable Adjustments or Special Consideration required (please be specific):					



Evidence in support of the application

This may include:

- The centre's assessments of candidate's needs
- History of provision within the centre
- Medical certificate
- Psychological or other professional assessment report

Please note supporting evidence:				
Plea	e provide details of access facilitator required (where applicable):			
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Declaration

I confirm that:

- the information provided is accurate
- the centre will be able to provide the arrangements requested
- the reasonable adjustments will be implemented in accordance with the guidance given by the FDQ

Centre confirmation of request for Re Consideration	easonable Adjustment or Special
Name	Signature
Position in centre	Date