

Reasonable Adjustment Request Form

1 Introduction

Please ensure that you have read SFJ Awards Reasonable Adjustment and Special Consideration Policy prior to completing this form. If you have any queries please contact SFJ Awards.

2 Personal Information

|  |  |
| --- | --- |
| Title |  |
| First name(s) |  |
| Last Name |  |
| Date |  |
| Address |  |
| Telephone |  |
| Email |  |

3 Adjustment Information

|  |  |
| --- | --- |
| Qualification Title |  |
| Date of Assessment |  |

|  |
| --- |
| Details/Grounds for Adjustment Request |
|  |

4 Supporting Evidence and Documentation

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| --- |
| SFJ Awards requires all documented evidence to be supplied with a request for a Reasonable Adjustment. Evidence must be in an official capacity from a relevant professional that confirms the nature of the problem that requires reasonable adjustment.  Please ensure that any documentation is signed and dated, and that the originator can be identified. Please also provide contact details in case we are required to contact them for clarification if there is any doubt regarding the level or suitability of adjustment to be made.  Please list the documents provided. |
|  |

5 Declaration

SFJ Awards will process this data in accordance with the principles of the Data Protection Act (1998).

I confirm that by completing and submitting this form I give consent to the processing of this data, have read and understand the SFJ Awards Reasonable Adjustment Policy and have supplied accurate information which to the best of my knowledge and understanding is correct.

|  |  |
| --- | --- |
| Signed |  |
| Date |  |