Requesting a reasonable adjustment for the registration assessment in November 2022

**Guidance and application form**

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# Part 1: Introduction

The General Pharmaceutical Council (GPhC) and the Pharmaceutical Society Northern Ireland (PSNI) are committed to promoting equality, valuing diversity, being inclusive and ensuring that our equality duties are met. This applies in all our work as health professions regulators, public service providers and employers.

By making sure equality, diversity and inclusion are at the heart of all we do, the resources and services we invest in will benefit everyone who uses or needs them. This means we will improve our effectiveness and efficiency as regulators. We will continue to encourage a higher profile for equality and diversity in our role as regulators, public service provider and employer.

## The registration assessment

The GPhC in collaboration with the PSNI run a common registration assessment across Great Britain and Northern Ireland which is sat towards the end of pharmacist initial education and training by those who:

* have successfully passed an accredited Master of Pharmacy (MPharm) degree or overseas pharmacists’ assessment programme (OSPAP), and
* satisfactorily completed the required period of pre-registration training;
* or are EEA-qualified pharmacists taking the assessment as part of their route to registration

The registration assessment is an essential component of initial education and training and must be passed, along with all other criteria, in order to be eligible to apply for registration as a pharmacist.

The main aim of the assessment is to make sure that candidates demonstrate an understanding of how to apply pharmaceutical knowledge appropriately and in a timely manner when making professional judgements in pharmacy practice contexts. It also makes sure that candidates have the numeracy skills they need to practise as a pharmacist.

## What are reasonable adjustments?

The Equality Act 2010 for Great Britain and equality legislation in Northern Ireland makes a distinction between competence standards on the one hand, and the means of assessing them on the other. The normal duty to make reasonable adjustments applies to the **process** of assessing a competence standard, but not to the question of whether the standard can be applied – that is, to the question of whether or not a person has a particular level of competence or ability. This means that we can adjust the arrangements, but not the standard of the assessment.

It would be appropriate to grant ‘reasonable adjustments’ to candidates who would be at a disadvantage in sitting the assessment because of health issues, disabilities, specific learning needs or other specific needs. Each request is assessed to make sure that the adjustment is appropriate and proportionate to the candidate’s needs.

It may be necessary to adapt or change the environment of the assessment sitting for a candidate who has a specific need, whether it is permanent or temporary. The purpose of reasonable adjustments is to ensure that candidates are not disadvantaged due to a protected characteristic or specific need. If you are granted a reasonable adjustment, this could affect the test centre you attend.

## Examples of types of adjustments that could be requested

Examples of reasonable adjustments that may be granted to remove a disadvantage due to a specific need include:

* 25% extra time
* use of special equipment or furniture
* permission to use specific items during the assessment, for example medical equipment, screen overlays and computer equipment
* specific seating arrangements within a test centre, for example sitting in a sole occupancy room, in a smaller room or seated in a particular area of a room (e.g., close to toilet/exit)
* seated in a test centre with lift access
* permission to leave your seat during the assessment, for example to move or stretch
* specific coloured paper for notes and workings
* modifications to screen display outside of those available to all candidates as outlined in the [Registration assessment specification for sittings in 2022](https://www.pharmacyregulation.org/sites/default/files/document/specification-for-sittings-in-2022_march-updated.pdf), for example, coloured text or background not specified in the registration assessment specifications.

This list does not cover everything. If you have any questions about specific requirements, please email or phone the GPhC contact centre for advice.

Examples of adjustments that cannot be granted include:

* pausing the assessment time during the sitting for any reason or stopping the clock; including for rest breaks and toilet breaks
* taking the assessment in extra sittings, for example, over two days
* changes to the nature or content of the assessment, for example, changes to the style of the assessment, or to the number of questions
* provision of the assessment text in a different type face or line spacing
* a paper version of the assessment
* providing the assessment in a language other than English
* extra time to accommodate candidates whose first language is not English
* providing a reader or use of reading software

## Requests for additional time

The amount of additional time provided to candidates who are granted extra time due to a specific need is 25% of the total sitting time. Should you have a need for an amount of additional time above 25%, this is considered as ‘enhanced extra time’. The amount of enhanced extra time available is 35%, 50% or 100% of the standard time available to all candidates in the assessment and you must clearly explain in your application:

* how much enhanced extra time you are requesting
* why an enhanced amount of time above 25% is necessary

Granting an enhanced amount of additional time is at the discretion of the adjustment panel, which will make its decision based on the information you have provided in your application and the supporting information provided by an appropriately qualified professional outlining why you would be disadvantaged without enhanced extra time.

Please bear in mind that, if you are applying for additional or enhanced extra time, this may mean that you start the assessment earlier and/or finish the assessment late in the evening. Dependent on certain test centre closing times, the provision of enhanced extra time may not be possible at some test centres.

## Requests to use specific items

Refer to the [GPhC permitted item list](https://www.pharmacyregulation.org/sites/default/files/document/registration-assessment-permitted-item-list-for-sittings-in-2022_0.pdf) for a list of all items permitted in test centres; do **NOT** apply for an adjustment if your item is on this list. Test centre invigilators withhold the right to inspect any items, even those on the permitted list, that are brought into a test centre.

If you wish to request to use an item that is not included on the [GPhC permitted item list](https://www.pharmacyregulation.org/sites/default/files/document/registration-assessment-permitted-item-list-for-sittings-in-2022_0.pdf)**,** please complete an adjustment application, and give full details of the item in your application form and explain why it will help to remove a disadvantage due to a specific need.

## Requests to sit in a sole occupancy room

There are a limited number of sole occupancy rooms available at some test centres for those who are granted this as an adjustment. If you have this adjustment granted but a room is not available at your local or preferred test centre, you may be offered the opportunity to sit at an alternative test centre.

Part 2: Requesting a reasonable adjustment

When requesting an adjustment, you must complete an [application form to request a reasonable adjustment in the registration assessment (application form included at the end of this document) and submit your request to the GPhC.](#_Application_form_to)

You must:

* provide the requested information about yourself, your specific need(s), and the adjustment(s) that you are requesting in section 1, and
* provide supporting evidence from an appropriately qualified professional in the format specified

## What supporting evidence do I need to provide?

The type of evidence that you need to provide to support your request will depend on the nature of the condition or specific need that you feel will cause you a disadvantage during the assessment. The information below will help you determine which type of evidence is accepted.

## Table 1: Types of evidence

|  |  |
| --- | --- |
| Condition or specific need | Evidence type |
| Specific learning need (including dyslexia, dyscalculia, dysgraphia) | **A** |
| Dyspraxia | **B** |
| Any other condition or specific need not mentioned above | **C** |

If your request relates to more than one condition or specific need, you will need to provide the required evidence for **each** condition. For example, if you are requesting adjustments due to dyslexia and anxiety, you need to provide both a report of a detailed diagnostic assessment in relation to dyslexia (Evidence type A) and a statement of evidence (Evidence type C) in relation to anxiety.

### Evidence type A

**You must provide a full report of a detailed diagnostic assessment of specific learning needs issued on or after your 16th birthday (if you only have a report issued prior to your 16th birthday, please contact the GPhC as soon as possible, so that we can review it for suitability). The adjustment panel will not consider extracts or partial reports as evidence when reviewing an adjustment request.**

The report of a diagnostic assessment of specific learning needs must detail how the specific learning difficulty impacts you. The assessment must have been carried out by:

* a specialist teacher holding a practising certificate in assessing specific learning difficulties, issued by their relevant professional association, or
* a psychologist holding a practising certificate issued by their relevant professional association

A diagnostic assessment is a detailed and comprehensive assessment to identify special learning needs and is the official way in which specific learning needs such as dyslexia are identified and evidenced. The following dyslexia organisations provide further detail which may be of help:

[British Dyslexia Association](https://www.bdadyslexia.org.uk/services/assessments)

[Dyslexia Foundation](http://www.dyslexia-help.org/article/screenings-assessments)

University needs assessments or screening reports are **not** sufficient as evidence for adjustment requests.

If your diagnostic report doesn’t specify exactly the adjustment you are requesting, you must ask the specialist who assessed you and wrote your report to write a letter confirming your specific request is appropriate.

Make sure that any diagnostic reports we receive don’t have any security or password restrictions placed on the document.

### Evidence type B

**You must provide both** **a statement of evidence form (section 2 of the application) and a report of a diagnostic assessment or occupational therapists’ report issued on or after your 14th birthday.**

Evidence type B requires you to submit evidence of your diagnosis in the form of a statement of evidence, along with a report detailing the impact of the diagnosis.

This report must be dated on or after your 14th birthday and be provided by:

* a specialist teacher holding a practising certificate in assessing specific learning difficulties, issued by their relevant professional association,
* a psychologist holding a practising certificate issued by their relevant professional association, or
* an occupational therapist

### Evidence type C

**You must provide a statement of evidence form.**

Evidence types B and C require you to submit a statement of evidence form completed by an appropriately qualified professional. If you have referred to more than one condition or specific need that falls under evidence type B or C you will need to submit a **separate** statement of evidence for **each** condition. Please be aware that sections 2.2 and 2.4 of the application form must be signed by the same professional who completes your statement of evidence. If you need to submit separate statements completed by different professionals, each professional will be required to sign under sections 2.2 and 2.4 of the application.

#### Statement of evidence forms relating to July 2022 sitting

If you have a completed statement of evidence form(s), from a healthcare professional and submitted this as part of a reasonable adjustment request for the July 2022 sitting and want to request the exact same adjustment(s) for the November 2022 sitting, you can re-submit this same statement of evidence form(s) with your application for November 2022, provided that:

* the professional has stated that your condition is ongoing (see 2.5 in application form)
* the professional completed the statement of evidence form(s) in full

In this circumstance, we will accept your reasonable adjustment application without the professional’s signature in sections 2.2 and 2.4, provided that the professional answers ‘Yes’ to section 3.1 and 3.4 on the statement of evidence form(s) used for the July 2022 sitting.

We do not keep copies of previous reasonable adjustment applications and can only accept the statement of evidence form(s) if you submit it to us along with your application for the November 2022 sitting.

##

## Who should complete my statement of evidence form?

A healthcare professional who is involved in your care in relation to the specific need or condition that you have described should complete your statement of evidence form. This healthcare professional should ideally be a UK-based practitioner; overseas practitioners will be accepted where it is clear what information is contained within the evidence. It may be appropriate for the same professional, such as your GP, to complete more than one statement of evidence form if they are involved in your care for more than one condition.

**Important:**

1. There should be no potential or actual conflicts of interest that could bring into question the professional judgment of the qualified person in supporting your request. For example, they may not be family member, friend or any other person with whom you have a personal relationship.
2. Your designated supervisors or any other pharmacy professional will not be eligible to sign the declaration unless they are involved directly in your care. You must provide evidence of this.
3. Do not enter any information yourself into the statement of evidence form or alter any of the information that has been provided by the professional.
4. You do not need to submit a statement of evidence if your request relates **solely** to specific learning needs. You must instead provide a report of a full diagnostic assessment as supporting evidence (Evidence type A).

### Mental health conditions (including anxiety and depression)

Adjustments for mental health conditions will only be granted when the condition is classed as a disability as per the Equality Act 2010 for Great Britain and the Special Education Needs & Disability (NI) Order 2005 for Northern Ireland. This is defined as a mental impairment that has a substantial ‘long term’ (that is, 12 months or more) effect on your normal day to day activities.

If your request relates to a mental health condition, the adjustments panel will need to see evidence from an appropriately qualified professional (within a statement of evidence form) to confirm:

* that you have been formally diagnosed with the condition by an appropriately qualified professional
* that the condition has lasted, or is likely to last, for 12 months or more
* the impact of the condition on your day to day life, and the likely impact on you in the assessment

Adjustment requests relating solely to short term situational exam anxiety will not be granted.

The adjustments panel may use its discretion to grant adjustments in exceptional circumstances where the evidence does not meet all the above requirements but is sufficient to support the request.

## Reviewing your request

Requests for adjustments are considered by the GPhC’s adjustments panel. This panel is made up of members of the board of assessors and disability advisors. It makes decisions based on the information provided by individual candidates and decides whether the reasonable adjustment should be granted, if it is practicable to do so.

For the adjustments panel to make fair and consistent decisions about granting reasonable adjustments, they need to have full information available to them. It is the candidate’s responsibility to provide all the information required by the specified deadline to allow the panel to make an informed decision.

# Part 2: When and how to apply for a reasonable adjustment

## Completing your application

You can fill in the form by using Word, or by hand (it is your responsibility to ensure that it is legible) and either:

* save it as a PDF and sign it electronically, using the Adobe Acrobat ‘Fill & Sign’ functionality. Activate Fill & Sign by clicking on the pen icon in the Adobe toolbar, so that you can complete the form using the text, checkbox and signature options. You can find out more about using [Fill & Sign on the Adobe website](https://helpx.adobe.com/uk/acrobat/using/fill-and-sign.html). We will not accept signatures that have been typed out.
* print it out and sign it by hand, and send us a scanned PDF copy

If you are requesting an adjustment for sitting in November 2022 you must use the application form marked ‘for sitting in November 2022’. If you use a previous version of the form, your application will not be accepted.

**Important:** allow yourself plenty of time to seek supporting evidence from a relevant qualified professional, particularly if your request relates to more than one condition or specific need.

If you need to include a statement of evidence from a qualified professional as part of your application and will be seeing the professional in person, you may want to print a copy of the registration assessment specification for their reference. If you need to submit more than one evidence statement, you can print the form as many times as you need. Remember to provide your part of the form to them as well, so they can see the requests that you are making.

## Submitting your application

You must submit your application form by **9am on 10 August 2022** to make sure that your request is considered by the adjustments panel. It is your responsibility to make sure that you send your application to us in the correct format, to the correct email address, and by the deadline date.

There is no process for submitting late adjustments for this sitting and therefore you must make sure you submit your application by the specified deadline.

If you have any issues in obtaining evidence from the relevant health professional, you must contact us before the deadline. Candidates who do not engage with the process may result in their application being rejected.

You can also find the deadlines relating to November 2022 assessment sitting on our [dedicated registration assessment webpage](https://www.pharmacyregulation.org/education/pharmacist-foundation-training-scheme/registration-assessment)**.**

Make sure you include all the documents you need to support your request, which are set out in the application checklist.

You must send your application and documents as a single PDF file. We will not accept applications and evidence submitted to us in any other formats. You are responsible for making sure all pages are clearly scanned or copied.

Send your completed form and evidence to: adjustments@pharmacyregulation.org

If you have any questions about making your request, submitting your request by email, or if you have problems filling in this form or submitting evidence, please phone the GPhC contact centre on **0203 713 8000**. One of our advisors will be happy to help you.

When you submit your application, you will receive an automatic email response letting you know we have received it. Within five working days of your request you will receive a personalised email acknowledgement from us informing you that your application has been processed. If you have not received this second email within five working days, this may mean that we have not received your application. If you don’t receive an email confirmation, contact us at adjustments@pharmacyregulation.org.

Please note, it is the applicant’s responsibility to ensure all the required documents and information are sent as per the guidance. If there is anything outstanding, we may contact you out of courtesy to request this, however, it is your responsibility to ensure everything has been submitted correctly. Please be aware, if you send your application to us close to the deadline, and there is anything outstanding, you may be provided with a short deadline to submit the required information.

#### Why can’t my application be accepted after the deadline date?

The reason we require candidates to apply by a specific date is to make sure that all requests and their supporting evidence are ready when the adjustment panel meets and makes its decisions. We must make sure that there is enough time to log each application, for the panel to review it, and for us to put in place the adjustments that are granted by the panel before the sitting takes place.

## Previous requests for adjustments

As not all conditions and specific needs are permanent, we require candidates to request an adjustment for each individual sitting. We do not automatically transfer requests for reasonable adjustments from one sitting to the next.

Therefore, you must submit a separate application with supporting evidence for adjustments for each sitting for which you want to request an adjustment. This applies even if you withdrew from a previous sitting,

## Receiving a decision about your request

Once the panel has made its decisions, we will email you to let you know the outcome of your request by **16 September 2022** If you are a GPhC candidate, please make sure that within your myGPhC account you have agreed to receive essential GPhC emails. You can check your communication preferences in the ‘Accounts’ section on myGPhC.

For PSNI candidates, we will send a letter to you via email with the outcome of your request by **16 September 2022.**

Please ensure that the email address we have for you on our records is correct.

If you have not received an outcome of your request by the date above, please email us at adjustments@pharmacyregulation.org.

**If your adjustment is granted,** the GPhC team will make the arrangements needed with BTL to accommodate your adjustment. If your adjustment has been granted by the panel but cannot be accommodated for any reason, we will get in touch to discuss the options available to you. BTL may book some candidates test centre appointment, dependent on the adjustment that has been granted. You will be advised of this at the appropriate point in the process.

**If your request for adjustment is not granted**, you must decide whether, without the adjustment, you are fit to sit. Being fit to sit means that you know of no reason why your performance would be adversely affected during the assessment. If you decide that you are not fit to sit the assessment, you should consider withdrawing from the assessment in line with the registration assessment regulations.

You will receive your outcome in good time to submit an appeal, should you believe you have grounds to do so. The deadline to submit an appeal and a link to the appeal form and guidance will be in your reasonable adjustment outcome letter.

# Application to request a reasonable adjustment in the November 2022 GPhC registration assessment sitting

## Your personal details

**We will use the information you have provided in this section to track your application for an adjustment and to contact you about the outcome. The adjustments panel will use the information on the following pages to assess your application for an adjustment. You can** [find out more about how we use information in our privacy policy](https://www.pharmacyregulation.org/privacy-policy)**, available on the main GPhC website.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr | [ ]  | Mrs | [ ]  | Ms | [ ]  | Miss | [ ]  | Other |       |

|  |  |
| --- | --- |
| First name  |       |

|  |  |
| --- | --- |
| Last name  |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC or PSNI candidate training number  |    |    |    |    |    |    |    |
|

## Your request

 Please note, you must complete sections 2.1 and 2.3 yourself. We will not accept these sections if they are completed by your healthcare professional.

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* 1. **Tell us why you feel you may be disadvantaged during the assessment and specify the exact reason(s) why you are requesting an adjustment.**
	You will need to provide evidence from a qualified professional in relation to each condition or specific need you refer to below. If your request is about a health condition, please explain how your condition is managed (for example through a treatment plan, or medication). You must outline each condition you wish to be considered under this section. We will not consider any other condition(s) stated elsewhere in the form.

|  |
| --- |
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* 1. **If you are a qualified professional completing a statement of evidence form, please sign here to confirm you have read the information provided by the applicant in section 2.1. Make sure you also read the section 2.3 and sign section 2.4 to confirm this.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Signed Date

* 1. **List the adjustment(s) you are requesting. It’s important that you set out clearly the changes you want to be made to the assessment environment so that we can assess if these are appropriate for the need you have set out in section 2.1.**

If you are requesting extra time, please specify the amount you are requesting below. If you need to request extra time above 25%, this is considered as enhanced extra time and you must provide evidence to support the need for this request.

**25%** [ ]  **35%** [ ]  **50%** [ ]  **100%** [ ]

|  |
| --- |
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* 1. **If you are a qualified professional completing a statement of evidence form, please sign here to confirm you have read the information provided by the applicant in section 2.3**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Signed Date

## Applicant declaration

I declare that:

* 1. I have read and understand the guidance for requesting a reasonable adjustment in the registration assessment

Yes [ ]  No [ ]

* 1. To my knowledge, the information I have given is accurate and complete and has been submitted in good faith.

Yes [ ]  No [ ]

* 1. I understand that the information I have given in this form will be used by the GPhC’s adjustments panel to decide whether the adjustment I have requested is reasonable.

Yes [ ]  No [ ]

* 1. For GPhC candidates only - I understand and accept that this information may also be used in the future to decide on an application for entry to the register or to assess my fitness to practise, and that the GPhC may ask for updated information at any such time for these purposes.

Yes [ ]  No [ ]  N/A (PSNI candidates) [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Signed Date

## Statement of evidence form

The person named in section 1 of this application is applying for a reasonable adjustment to the process of sitting the registration assessment, an examination run by the GPhC and PSNI, the statutory regulators for pharmacy in GB and NI respectively.

The GPhC’s adjustments panel needs evidence from relevant professionals to assess the request and decide whether or not to grant it.

If you are a qualified professional involved in this individual’s care and can provide evidence to support this individual’s request, we would appreciate if you could please provide the information requested below. Please write ‘no comment’ in any response boxes which you do not fill in. The information you write must be specific to the individual, we will not accept generic information.

This evidence statement must relate to one single condition. If the adjustment request relates to more than one condition, a separate evidence statement must be completed for each condition.

Before completing this form, please refer to:

* the registration assessment specification, available on the GPhC website
* the information provided by this individual in section 2 above

Please sign in the boxes provided to confirm that you have read the information in section 2.

* + - 1. **Qualified professional details**

|  |  |
| --- | --- |
| Name  |       |

|  |  |
| --- | --- |
| Position, Profession or qualification |       |

|  |  |
| --- | --- |
| Regulatory / professional body |       |

|  |  |
| --- | --- |
| Registration number |       |

* + - 1. **Statement of evidence**
	1. **Please give details of the individual’s diagnosis:**

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| --- |
|       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|    |    |    |    |    |    |

* 1. **Date of the diagnosis**
	2. **If this diagnosis has been made within the last 12 months, is the condition likely to last for 12 months or more?**

**Yes [ ]  No [ ]**

* 1. **What is the qualification of the professional who made the original diagnosis?**

|  |
| --- |
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* 1. **Is the condition temporary, or ongoing?**

**Temporary [ ]  Ongoing [ ]**

* 1. **What is the impact of the condition on the individual, and how is the condition likely to affect them during the registration assessment? (You may find it helpful to refer to the registration assessment specification to provide your answer)**

|  |
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* 1. **Do you have any further comments about this individual’s condition, symptoms, or the specific adjustment(s) they have requested?**

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* + - 1. **Declarations**

I declare that:

* 1. I have read the information provided by the applicant in section 2 of their application and have signed sections 2.2 and 2.4 to confirm that this is the case.

**Yes [ ]  No [ ]**

* 1. I have provided the information in this statement in my capacity as an appropriately qualified professional involved in this individual’s care, in relation to the specific condition described

**Yes [ ]  No [ ]**

* 1. The information I have provided above is true and accurate to the best of my knowledge

**Yes [ ]  No [ ]**

* 1. I have read, and understand, the registration assessment specification and can confirm that I support the individual’s specific adjustment(s) requested in section 2 of their application in relation to this condition in the context of sitting the registration assessment

**Yes [ ]  No [ ]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Signed Date

|  |  |
| --- | --- |
| Print your name  |       |

**Adding your signature using Adobe Fill & Sign**

Save a copy of this form as a PDF and open it in Adobe. Click on the ‘sign’ icon in the Fill & Sign toolbar and select ‘Add signature’. You can add your signature in two ways:

Click on the ‘Draw’ icon and use your mouse to draw your signature (much as you would when accepting a package delivery)

Click on the ‘Image’ icon (first you will need to take a photograph of your signature and save it to your PC) and then select the image you have saved of your signature.

**Please note that we will not accept a typed signature.**

## Application checklist

**Submit this checklist with your application for reasonable adjustment.**

|  |  |
| --- | --- |
| Name  |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Candidate training number (PSNI or GPhC) |    |    |    |    |    |    |    |

I am applying for a reasonable adjustment in the November 2022 registration assessment sitting. As well as my completed application form, I am enclosing (tick all that are appropriate):

1. As the adjustment I am requesting relates to a **specific learning need** (including dyslexia, dyscalculia, dysgraphia), I am submitting evidence type A:

**[ ]** a report of a detailed diagnostic assessment of specific learning needs issued on or after my 16th birthday

1. As the adjustment I am requesting relates to **dyspraxia** I am submitting evidence type B:

**[ ]** a statement of evidence form, and

**[ ]** a report of a diagnostic assessment or occupational therapists’ report issued on or after my 14th birthday

1. As the adjustment I am requesting relates to **another condition or specific need** not mentioned above, I am submitting evidence type C:

**[ ]** a statement of evidence form

1. As I have **more than one condition** which relates to my adjustment request, I have:

**[ ]** provided evidence for each condition