Requesting a reasonable adjustment in the registration assessment: application A

**Use this application to request a reasonable adjustment if you have a specific learning need, including dyslexia, dyscalculia, dysgraphia, and dyspraxia. You will need to include a report of a full diagnostic assessment as part of your application.**

#### Completing your application

You can fill in the application form by using Word, or by hand and either:

1. 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); or
2. print out completed form, sign by hand, and submit a scanned PDF copy.

We will not accept signatures that have been typed out.

It is your responsibility to ensure that all insertions on the form are legible.

#### Submitting your form

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

Make sure you:

* include all the documents you need to support your request, clearly scanned, or copied.
* send your application and documents as a single PDF file with no access restrictions.

We will not accept applications and evidence submitted to us in any other formats. You are responsible for making sure your application file is legible and accessible.

It is your responsibility as the applicant to make sure you send us the documents and information set out in the application guidance. If we receive your application and find that there is information outstanding, where possible, we will contact you to request this. Please be aware that if you send your application to us close to the submission deadline and there is anything outstanding, we may ask you to submit the required information within a short time or may have to submit your application in its current state.

#### Next steps

When you submit your application, you will receive an automatic email response within an hour to let you know we have received it.

You will receive an individual acknowledgement email from us within five working days of you submitting your request, to let you know that your application has been reviewed.

If you have not received an automatic response or acknowledgement email within the time frames above, it may mean that we have not received your application. If you do not receive an email confirmation, contact us at adjustments@pharmacyregulation.org.

When submitting your application, it is your responsibility to ensure the address we hold for you on our records is correct as we will use this when planning and implementing any granted adjustments. If your address does change following this, you will need to update this via myGPhC and you must inform us as soon as possible. Please note, if you do change your address after the deadline, and you are granted adjustments, we cannot guarantee these will be implemented at your new location. This could mean you may have to travel to your previous location or further.

#### Help with your application

If you have any problems filling in this form, submitting evidence, sending your application by email, or any questions about making your application, please get in touch with us by email at adjustments@pharmacyregulation.org as soon as possible.

Requesting a reasonable adjustment in the registration assessment: application A

## Candidate 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.**

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

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

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| Last name  |       |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC or Pharmaceutical Society NI candidate training number  |    |    |    |    |    |    |    |
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| --- | --- | --- |
| Your location (this will be used to implement any granted adjustments) | City:       | Postcode:       |

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| Which assessment sitting are you planning to sit? | Month:       | Year:       |

## Your learning need

* 1. **Please state the learning need(s) you are requesting an adjustment for, and which is covered in your diagnostic assessment report.**

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## Reasonable adjustment

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

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* 1. **Are you requesting extra time?**

**Yes** [ ]  **No** [ ]  If no, please move to question 3.3.

1. **If yes, the following amounts are available. If you have submitted more than one application, please indicate the total allocation of time you want to request for this sitting considering all conditions declared across all applications, ensuring you only tick one box.**

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

1. **Is this amount specified in your diagnostic assessment report?**

**Yes** [ ]  **No** [ ]

If no, the standard amount of extra time given is 25%. If you want to request more than 25%, you will need to provide a letter from the person who completed your report, **which specifically relates to the amount of time** you have requested **and explains why this is considered necessary.**

* 1. **Are you requesting a seating arrangement** **(all seating arrangement requests, must be supported in your diagnostic report recommendations)?**

**Yes** [ ]  **No** [ ]  If no, please move to question 3.4

1. **If yes, please indicate what seating arrangements you require.**

**Sole occupancy room** [ ]  **Small room** [ ]  **Seated in a particular part of the room** [ ]  **Other** [ ]

1. **If you ticked sole occupancy room, please explain how a sole occupancy room will support you:**

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1. **If you indicated you need a small room, seated in a particular part of the room or other, please specify below what you require, and how this will support you:**

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* 1. **Are the adjustments you are requesting specified in the report?**

**Yes** [ ]  **No** [ ]  If yes, please go to section 4.

**If no, you will need to provide an additional supporting letter from the person who completed the original report to state that the additional adjustments you are requesting are appropriate.**

## Your supporting evidence

**Please confirm the evidence you are sending as part of your application. You must tick all that apply. If you do not include the correct supporting evidence, we will not be able to assess your request accurately.**

**For dyspraxia:**

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

**For dyslexia, dyscalculia, dysgraphia, or any other specific learning need:**

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

**As the adjustments that I am requesting (including extra time above 25%) are not specified in my diagnostic assessment report, I am including:**

[ ] a supporting letter from the author of the original report to state the additional adjustments or extra time I am requesting are appropriate and explains why this is considered necessary.

## Application declarations

I declare that:

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

**Yes [ ]  No [ ]**

* 1. **To my knowledge, the information I have given is accurate and complete.**

**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 (Pharmaceutical Society NI candidates) [ ]**

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Signed Date

**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 (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.**