

## **APPLICATION FOR REASONABLE ADJUSTMENTS (ARA)** (December 2020)

This form must be completed each time the candidate is submitted for an examination and must be returned with any supporting evidence, at least 3 weeks before timetables are submitted.

**Note:** this information is classified as sensitive data under GDPR regulations and should therefore only be submitted to ISTD by email to [ara@istd.org](mailto:ara@istd.org) if it is encrypted, or in a password protected document with the password emailed separately. Due to the current situation (COVID) can you please only email this form to the email address above. Please do not send this form to any Examinations Department or with other paperwork.

In certain cases where a candidate has a severe disability which is likely to mean that they will not be able to meet the examination criteria and therefore not pass the examination, but where they still want to participate, please contact the ARA administrator. It may be possible in such circumstances, agreed in advance, for them to receive a *Certificate of Participation*. This form must also be fully completed below.

To discuss this option, or for further assistance generally, the ARA administrator can be contacted on [ara@istd.org](mailto:ara@istd.org) or 020 7655 8846

**Please note:** The actual basis for marking and awarding of the examination is the same as for those without special arrangements.

TEACHER		CANDIDATE	
Membership No.		Forename	
Title		Surname	
Forename		PIN	
Surname		Date of Birth	
Email		Age	
Phone		Gender	
Teacher Signature (do not write/type name)			
EXAM			
Faculty		Examiner	
Level / Unit		Reference	
Age Category Division (if applicable)		Date	

**A** Please provide *as much information as possible* about the candidate's difficulties, and how this may affect them in the examination (*use additional sheets if necessary*):

**B** Please state any required changes to examination conditions (e.g. extra time, scribe) and the reasons for this. Please attach a doctor's/medical note and/or educational report/statement.

**TO BE COMPLETED BY THE CANDIDATE/PARENT/CARER**

Under the General Data Protection Regulations 2018, the information given is sensitive, personal data. It is provided to the ISTD solely for the entry of the candidate for the examination specified above, in order for any reasonable adjustment to be made to the assessment conditions and for the examiner to be aware of any needs during the course of the examination. The data will be retained until the full examination process, including any time for appeals, is complete, and then securely destroyed.

**Please tick one of the following, as appropriate:**

I am over 16 and the candidate

I am the parent / carer

I consent to the ISTD receiving and processing this data for the purposes of applying for reasonable adjustments for the examination, including communicating this information to the examiner.

**CANDIDATE/PARENT/CARER'S SIGNATURE**

(do not write/type name)

**CANDIDATE/PARENT/CARER'S NAME** (please print)

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**FOR ISTD USE ONLY (Customer Service and Quality Assurance Dept):**

ARA Ref No: .....

Date received: ..... Application reviewed .....

Examiner to be made aware?      yes / not necessary

Comments (if applicable): .....

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