Reasonable Adjustment Application



Before completing this form, you should read the Reasonable Adjustment Policy. If you have any queries, please call us on +44 20 7645 0777 or email reasonableadjustment@cisi.org.

All applications for reasonable adjustments must be submitted **before** the examination date.

Requests for multiple choice examinations, delivered by computer-based testing in a centre, must allow **10 working days** for suitable arrangements to be put in place. Those for remote invigilation exams must allow **15 working days**. Requests relating to narrative (written) examinations must allow **20 working days**.

If you do not submit your reasonable adjustment application within the stated time frame, the CISI may be unable to accommodate your request.

	e your request.	
1. Personal information	n	
Candidate Number: (if known)	Membership Number: (if known)	
Forename(s):	Surname:	
Title: (e.g. Mr/Mrs/Miss/Dr)	Date of Birth:	
E-mail address:		
Please indicate which of th	e following applies:	
	e adjustment approved by the CISI before	
I have previously had a rea	sonable adjustment approved by the CISI	
Thave providedly flad a fee	isonasio adjustinoni approvod sy tilo otor	
2. Examination details		
	ıltiple-choice examinations:	
For computer-based mu		
For computer-based mu Examination title: Examination venue /		n
For computer-based must Examination title: Examination venue / remote invigilation: Preferred examination date:	Preferred examination time:	n
For computer-based must Examination title: Examination venue / remote invigilation: Preferred examination date: For narrative examination	Preferred examination time:	n
For computer-based must Examination title: Examination venue / remote invigilation: Preferred examination date:	Preferred examination time:	n
For computer-based must Examination title: Examination venue / remote invigilation: Preferred examination date: For narrative examination	Preferred examination time:	n
For computer-based multiple Examination title: Examination venue / remote invigilation: Preferred examination date: For narrative examination Examination title: Examination venue /	Preferred examination time:	n



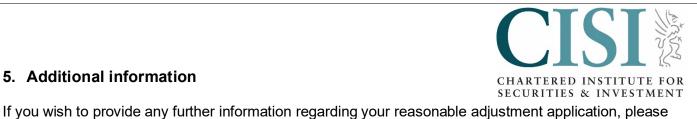
For financial plan case study assessment or schools extended project:		
Submission date:		

3. Nature of condition (indicate as appropriate):

Medical condition, e.g. epilepsy or diabetes	
Physical impairment (permanent or temporary), e.g. cerebral palsy, multiple sclerosis, broken limb	
Sensory impairment, e.g. visual or hearing impairment	
Specific learning difficulties, e.g. dyslexia, dyspraxia	
Social, emotional or mental health difficulties, e.g. autism, anxiety	
Other (please specify below)	

4. Reasonable adjustment requested (indicate as appropriate):

Additional time	Larger font
Coloured paper (cream/yellow)	Use of low vision aids
Support of a reader	Support of a scribe
Support of sign language interpreter	Examination instructions in writing
Remote invigilation using live chat facility only	Alternative assessment accommodation (please specify below)
Other (please specify below)	



5. Additional information

use the box below:		
6. Supporting evidence A reasonable adjustment application form must be submitted for each is seeking a reasonable adjustment.	examination where the candidate	
 Supporting evidence must be supplied: with the first reasonable adjustment form when a change is requested to previously agreed reasonable at if the candidate is requesting a reasonable adjustment for a different narrative, extended project for schools, etc.). All supporting evidence provided for reasonable adjustments must be medical professional, educational psychologist or other appropriately of the content of the	fferent examination type (i.e.,MCQ, official, up-to-date evidence from a	
Supporting evidence must be provided on official headed paper, must following information: • the candidate's full name • details of the nature and severity of the candidate's disability, • recommendations on the adjustments required for examination	and	
Please tick as appropriate:		
I have attached supporting evidence to this reasonable adjustment application.		
I have not attached supporting evidence to this reasonable adjustment application, because I have the appropriate reasonable adjustment agreed already by the CISI.		
7. Declaration		
I confirm that the information provided is accurate and I consent to this in connection with requests made to the CISI for reasonable adjustment examinations/assessments.	<u> </u>	
I confirm that I have read and understand the CISI's Reasonable Adjus	stment Policy.	
Signed:	Date:	

Please email your application form together with your supporting evidence to reasonableadjustment@cisi.org. Reasonable Adjustment Application Form – V4 January 2021 3