

Request for Reasonable Adjustment Form

Candidates should complete this form if they are seeking a reasonable adjustment in a component of an exam on the grounds of a disability, specific learning difficulty, long-term medical condition or other special need (whether temporary or permanent). Candidates should refer to the FOM Reasonable Adjustment Policy for further guidance.

Any request for adjustments must, in the first instance, be indicated in the relevant area of the online examination entry application form. The completed Request for Reasonable Adjustment Form should then be submitted via email to the FOM, along with relevant supporting documentation from suitable professionals.

The completed Request for Reasonable Adjustment Form, together with supporting documentation, should be sent to the following email address: Exams@FOM.ac.uk. Emails should include "REASONABLE ADJUSTMENTS" in the subject heading.

All documentation relating to a reasonable adjustment request must be received at least 8 weeks before the date of the examination. Candidates are advised that failure to contact the FOM promptly may mean that there will be insufficient time for some or all of any permitted arrangements to be put in place.

Personal information on submitted forms will be used by the FOM Examinations Team only, for the purpose of providing reasonable adjustments for examinations. There may be limited circumstances where information is shared with a third party, please see the confidentiality section of this form for further information.

Candidates have a right to access their personal data and rectify any inaccuracies. Candidates who would like to exercise these rights, or have any concerns about the way their personal data is being handled, should email the FOM: FOM@FOM.ac.uk.

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|---|--|
| Name of candidate | |
| Candidate number (if known) | |
| GMC number (if known) | |
| Date of submission | |
| Exam | |
| Exam component (written/clinical/both) | |
| Date of exam | |

Nature of disability/impairment

Please describe here the disability, specific learning difficulty, long-term medical condition or other special need that you wish the FOM to consider in deciding what reasonable adjustment would be appropriate for your examination(s). Candidates are asked to explain how their ability to perform the examination is affected by their disability, specific learning difficulty, long-term medical condition or other special need.

Documentary evidence provided by a disability assessor/suitable professional (e.g. a medical disability certificate) must be submitted with this form. For candidates with specific learning difficulties (e.g. dyslexia, dyspraxia and dyscalculia) a suitable diagnostic assessment report by a chartered or educational psychologist or a specialist teacher assessor with a current practising certificate must be provided. The report must refer to an assessment undertaken in English after the age of 16.

Reasonable adjustments granted for previous examinations

Please outline any reasonable adjustments that have been granted for examinations you (the candidate) have taken in the past (e.g. during school/university). Candidates should include as much detail as possible, for example if they were granted additional time, how much additional time was granted, when the adjustments were granted, and for what type of examination.

Reasonable adjustments required for current examination

Please list in detail the reasonable adjustment(s) to the exam(s) that you would like to be considered. Please state clearly which examination component you are referring to for all requested adjustments.

Consent

It is possible that the FOM may need to obtain further information regarding a candidate's disability, specific learning difficulty, long-term medical condition or other special need before being able to decide whether reasonable adjustments can be made. The FOM seek consent at this point to contact the disability assessor or other suitable medical professional who supplied the documentary evidence provided to support your (the candidate's) application if further clarification is needed.

By signing this form candidates are giving the FOM consent to contact the above individuals for the purposes specified.

The FOM will inform a candidate in advance if it wishes to approach any individual who may be able to provide further guidance in order to provide the necessary support for the candidate's examination.

Confidentiality

The FOM is committed to managing and processing personal data, as covered by the General Data Protection Regulation 2016 (GDPR), securely and sensitively and only with consent. The information provided in this form, and any additional supporting information that you provide, will be held by the FOM in accordance with this legislation or any equivalent subsequent legislation. It will only be shared with members of a small advisory group if further discussion is required. Please see the FOM privacy policy for further details.

In relation to the clinical examinations only, if reasonable adjustments are granted it is the decision of the candidate as to whether they wish the reason for the adjustment to be communicated to the examiners and role players.

Please answer all of the following:

- I _____ my consent for the FOM to contact my disability assessor/suitable professional for the purposes stated above.
- I _____ my consent for examiners and patients to be made aware of the reason(s) for my request for reasonable adjustments (Only applicable to requests made for clinical examinations)

Signature:

Date: