

BCS

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Reasonable Adjustments Request Form

All applications for reasonable adjustments must be submitted a minimum of 10 working days prior to the exam date. Requests for Higher Education Qualifications must be submitted 4 weeks prior to the exam date.

If you are taking an online exam via Pearson VUE or our remote proctored service, you must submit your completed form before booking your exam sitting. For Pearson Vue you will need to register before requesting reasonable adjustments. Once approved you will be provided details on how to proceed to book your exam.

Failure to submit your request within the minimum time stated above will result in your request being rejected.

Examination title			
Name			
Email address			
Membership Number			
Contact phone number			
Exam to be sat with:	 □ BCS Accredited Training □ Pearson VUE Testing ce □ Remote location (remote □ BCS Public exam 	ntre	
What is the nature of your disability? (tick or complete as appropriate)			
 ☐ Cognitive impairment e.g. Dyslexia ☐ Motor difficulties e.g. hand-eye co-ordination ☐ Hearing impairment ☐ Other (please specify in details section) 			
What reasonable adjustments do you require? (tick and provide details below)			
 □ Reader / Scribe □ BSL / English interpreter □ Rest period / Comfort break □ Own software □ Extra time 		 □ Larger font □ Coloured paper (pink/blue/green/yellow) □ Lip speaker □ Own hardware □ Other 	

Please provide further details of requirement:

Extra time required for the disability

The standard time extension for BCS examinations is 25% upon submission of a suitable medical certificate confirming your disability. Up to 100% extra time may be allocated dependent on your particular needs. Your Health Professional must make a recommendation for how much time is required if more than 25% is requested.

Requested addit	ional time in minutes:		
Please indicate the form of evidence that supports your request and return a copy of the report with this form:			
 ☐ The original Health Professional report with specified allowance request clearly detailed ☐ A letter from another Awarding Body approving reasonable adjustments ☐ A written statement signed by an appropriate religious authority (only applicable on religious grounds) ☐ Other (please give details below) ☐ Tick the box to confirm that relevant evidence has been attached 			
I confirm that the information on this form is true and accurate and I agree with BCS processing my data.			
Signature:			
Date:	_		
For HEQ qualifications, please submit this form to exams@bcs.uk For Professional Certifications, please submit this form to eprofessional.bcs.uk			

If you require any assistance with completing this form, please contact the Customer Service Team on + 44 (0) 1793 417 417 during our office hours 08:30 – 17:15 GMT, Monday - Friday.

GDPR Statement

We collect your personal data to ensure that your request for reasonable adjustments is processed in the appropriate way. We will store your data in our systems for a period of 30 days after the examination date.

Your personal data is fully protected in our system against any risk that can affect its confidentiality, integrity and availability. We do not use automated decision-making for processing your personal data.

The information on this form is only passed on based on a 'need to know' basis. This would normally include the BCS staff member who is dealing with your request and the invigilator who will be required to make adjustments as a result of your request. The invigilator will only be provided the minimum amount of information for them to conduct the extra time according to your requirements. The information completed here will not be shown on your certificate.

In accordance with GDPR, you have certain rights that you can exercise free of charge. You have the right to be informed about data processing, right of access to your data, right to rectification, right to erasure of your data ('right to be forgotten'), right to restriction of processing, right to data portability, right not to be subject to a decision based solely on automated processing including profiling, right to lodge a complaint with the supervisory authority, and the right to compensation and liability for damage suffered by improper handling of your personal data.

By signing this form, you express your free consent to the processing of your personal data according to and within the data processing purposes stated in this privacy and consent notice.

You agree that you understand your rights to withdraw consent at any time, totally or partially, without affecting the lawfulness of processing based on your consent before its withdrawal.

You acknowledge that if you wish to partially withdraw your consent, you can do that by revisiting this privacy and consent notice to state your objections to processing your personal data.