

Reasonable Adjustments Request Form

To apply for a reasonable adjustment, please download and fill this form and email it along with your supporting evidence to exam.admin@qa.com

Examination Title

Your Name

Email Address

Contact Telephone Number

What reasonable adjustment do you require?

TYPE OF DISABILITY	REASONABLE ADJUSTMENT
Dyslexia	<input type="checkbox"/> Extra examination time <input type="checkbox"/> Examination material printed in coloured paper <input type="checkbox"/> Narrators/scribes
Dyspraxia/Physical Impairment	<input type="checkbox"/> Extra examination time <input type="checkbox"/> Use of laptop to answer question <input type="checkbox"/> Scribes <input type="checkbox"/> Ensure access or support to sit an examination
Visual Impairment	<input type="checkbox"/> Extra examination time <input type="checkbox"/> Examination material printed in different fonts <input type="checkbox"/> Narrators/scribes
Examination in different language than the native language of the candidate	<input type="checkbox"/> Extra examination time <input type="checkbox"/> Examination paper of dual language

Additional Information in relation to your exam:

For non exam-related requirements, please contact your QA account manager directly

