

**BCS**  
The Chartered Institute for IT  
First Floor, Block D  
North Star House  
North Star Avenue  
Swindon SN2 1FA

T +44 (0) 1793 417 417  
E [eprofessional@bcs.uk](mailto:eprofessional@bcs.uk)  
[www.bcs.org](http://www.bcs.org)

## Reasonable Adjustments Request Form

- All requests for reasonable adjustments must be submitted a minimum of 3 working days prior to the intended exam date.
- If you are taking an online exam via a Pearson VUE testing centre or via our remote proctored service, please complete and submit this form to [eprofessional@bcs.uk](mailto:eprofessional@bcs.uk) **BEFORE** booking your exam date. Once approved you will be provided details on how to proceed to book your exam.
- Requests for additional time due to your first language being other than English, should be completed on the 'Extra Time Request Form', and be submitted a minimum of 3 working days prior to the intended exam date.
- Failure to submit your request within the minimum time stated above will result in your request being denied.

Examination title	
Name	
Email address	
Contact phone number	
Exam to be sat at:	<input type="checkbox"/> Training Provider (please state name below) <input type="checkbox"/> Pearson VUE Testing centre <input type="checkbox"/> Remote location (remote proctored) <input type="checkbox"/> BCS Public exam
Name of Training Organisation	

### What is the nature of your requirement? (tick or complete as appropriate)

<input type="checkbox"/> Cognitive impairment e.g. Dyslexia <input type="checkbox"/> Motor difficulties e.g. hand-eye co-ordination <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Other (please specify in details section)	<input type="checkbox"/> Visual impairment <input type="checkbox"/> Physical impairment e.g. cerebral palsy <input type="checkbox"/> Religious grounds
---	--

### What reasonable adjustments do you require? (tick and provide details below)

<input type="checkbox"/> Reader / Scribe <input type="checkbox"/> BSL / English interpreter <input type="checkbox"/> Rest period / Comfort break <input type="checkbox"/> Own software <input type="checkbox"/> Extra time	<input type="checkbox"/> Larger font <input type="checkbox"/> Coloured paper (pink/blue/green/yellow) <input type="checkbox"/> Lip speaker <input type="checkbox"/> Own hardware <input type="checkbox"/> Other
--	---

---

---

Please provide further details of requirement:

---

---

### Extra time

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 additional 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
- A summary of the Health Professional report
- 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)

---

I confirm that the information on this form is true and accurate.

---

Date:	
-------	--

---

---

Forms should be returned to [eprofessional@bcs.uk](mailto:eprofessional@bcs.uk)

---

If you require any assistance with completing this form, then Client Service Team would be happy to help. Please call us on + 44 (0) 1793 417 655 during our office hours 09:00 – 17:15 GMT.

The information on this form is only passed on based on a 'need to know' basis. This would normally include the Client Service Team and the invigilator who may 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.

---

---

### BCS USE ONLY

---

Amount of additional time approved	
------------------------------------	--

---

Approved by	
-------------	--

---

---