**Reasonable Adjustment Request Form**

**Please complete all fields and submit this form within one month of the course start date or a minimum of two weeks before the date of the candidate’s assessment.**

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| **THIS SECTION TO BE COMPLETED BY THE NCTJ** |
| Approved? Yes  No  Date of approval:  Conditions of approval:  Please note that the extra time for shorthand exams is for the longhand transcription section only.  Please note that if a candidate has rest breaks approved as part of their reasonable adjustment, the invigilator must pause the exam on the Cirrus platform when they take these breaks. Time for rest break is not built into the exam time on Cirrus so it is necessary for the exam to be paused for the duration of the rest break to ensure that candidates do not lose exam time. |

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| **Centre Number** |  | **Centre Name** |  |
| **Candidate URN** |  | **Candidate Name** |  |

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| **Qualification or end-point assessment title the candidate is registered on** | |  | |
| **NCTJ diploma exams to be taken:** | | | |
| Essential journalism |  | Videojournalism for online |  |
| Essential media law |  | Sports journalism |  |
| Court reporting |  | Business of magazines |  |
| Public affairs |  | Broadcast journalism |  |
| Production journalism |  | Shorthand (any speed) Long |  |
| Regulation test |  | Practical magazine journalism |  |
| PR & communications |  | Journalism for a digital audience |  |
| Introduction to PR |  | Data journalism |  |
| Business and finance |  |  |  |
| **NCTJ NQJ exams to be taken:** | | | |
| The big news story |  | Media law and ethics in practice |  |
| Production journalism |  |  |  |
| **Date of upcoming exam(s)/assessment submission(s)** | |  | |
| **Reason for application** | |  | |
| **Adjustment(s) requested (e.g. 25% extra time)** | |  | |
| **Please provide supporting evidence with this form. This may include:**   * **The centre’s assessment of the candidate’s needs** * **History of provision for the candidate with the centre** * **Medial certificate/doctor’s note** * **Educational psychologist or other professional assessment report** | |  | |

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| **Declaration: I am satisfied that the information provided on this form is accurate. I fully support the application and confirm that the candidate is/will be appropriately entered for the exam(s)/ assessment(s) concerned and will be able to demonstrate the assessment objectives required by the specification.** | | | |
| **Head of centre/ exams officer** |  | **Date** |  |
| **Name (please print)** | | **Signature**: |  |