A picture containing text, font, graphics, logo

Description automatically generated**Icon Accreditation**

Reasonable Adjustment Request Form

**Introduction**

Icon recognises the vital importance of ensuring that all assessments it undertakes as part of the delivery of Icon Accreditation are valid, fair, objective and independent.

The [Icon Accreditation Fair Access Policy](https://www.icon.org.uk/resource/icon-accreditation-fair-access-policy.html) aims to facilitate access to Icon Accreditation to those who are eligible for reasonable adjustments in assessments, without compromising the assessment of the skills, knowledge, understanding or competence being measured. Please review this policy before completing this form.

Please complete and return this form to [accreditation@icon.org.uk](mailto:accreditation@icon.org.uk). The Accreditation Manager will be in touch within 2 weeks to discuss your individual request.

**Personal Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Email address** |  |
| **Telephone number** |  |

**Adjustment Information**

Please indicate by placing ‘x’ in the appropriate box below.

|  |  |  |
| --- | --- | --- |
| **1.** | Cognitive processing needs such as dyslexia, dyspraxia; a need in executive function, visual processing speed, visual perception, literacy, numeracy, verbal reasoning, verbal memory, nonverbal memory |  |
| **2.** | Social/ communication need such autistic spectrum condition |  |
| **3.** | Long standing illness such as cancer, epilepsy, Crohn’s, IBS, Chronic Fatigue |  |
| **4.** | A mental health condition |  |
| **5.** | A physical need such as crutches or wheelchair user, arthritis, paraplegia, quadriplegia, cerebral palsy |  |
| **6.** | Hearing need |  |
| **7.** | Visual need |  |
| **8.** | Other, please specify: |  |

|  |  |
| --- | --- |
| Supporting evidence provided: Please tick and supply additional evidence to support this request. |  |

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| **Adjustments required**  *Your requests will be considered by the Accreditation Manager who will discuss and agree any adjustments that can be made to ensure you can fairly access the Icon Accreditation application and assessment process. Please indicate the nature of the adjustments you feel would suit you best in your situation.*  *Please be as specific as possible.* |
|  |

**Declaration**

I confirm that the information provided is accurate.

I understand that the data I supply will be used solely for the purposes of processing my application for reasonable adjustments. See Icon’s [Privacy Policy](https://www.icon.org.uk/privacy-policy.html).

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |