**Application for reasonable adjustments**

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| **NAME** |  |
| **DATE** |  |
| **MEMBERSHIP NUMBER** |  |
| **Additional needs and reasonable adjustments:** Please explain any additional needs you may have and how these impact on your completion of professional formation.  |
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| **Please suggest reasonable adjustments that would support you best.**  |

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| **Contact Details** |
| Preferred contact number |  |
| Email |  |

**Please note you should apply for reasonable adjustments prior to the date when the portfolio is issued.**

Please complete and return this form to membership@etfoundation.co.uk. A member of the Professional Status team will contact you via email or telephone to discuss your requirements.

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| **For Office Use Only** |
| Approved  |  | Not Approved |  |
| Decision Confirmed By |  | Date Confirmed |  |

**Reviewed and updated: 30 November 2021**