Application for reasonable adjustments form.

**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. | | |
|  | | |
| |  | | --- | | **Please suggest reasonable adjustments that would support you best.** | | | |
|  | | |
| **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 [professional.formation@etfoundation.co.uk](mailto:professional.formation@etfoundation.co.uk) for professional formation leading to QTLS and [ATS@etfoundation.co.uk](mailto:ATS@etfoundation.co.uk) for the developmental process leading to ATS programme. 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 |  | |