

Access Arrangements & Reasonable Adjustments Application Form

Institute of Risk Management - Qualifications

For office use only Date received:

Ackn. date:

EDU:

Membership number:

'PLEASE READ THE ACCESS ARRANGEMENTS, REASONABLE ADJUSTMENTS & SPECIAL CONSIDERATION POLICY BEFORE COMPLETING THIS APPLICATION FORM

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Details of the documentary evidence for the application (eg Doctor’s letter)

Required amendments to the examination arrangements (eg x minutes additional time; wheelchair access)

Reason for the access arrangements & reasonable adjustments application (eg dyslexia)

Section 2 – Access arrangement & reasonable adjustments details

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Fax:

Telephone:

Mobile:

Proposed examination centre:

Email:

Membership number:

First names:

Examination session and date:

Family name:

Section 1 – Candidate and centre details

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Please return this form by post to Institute of Risk Management,1st Floor, 80 Leadenhall Street, London EC3A 3DH or email to studentqueries@theirm.org

or email to studentqueries@theirm.org

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I have read and understood the Institute’s policy on special arrangements. I have enclosed documentary evidence as per the published policy.

Signed Date

Section 5 – Declaration

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