

Reasonable Adjustments

IMPORTANT NOTES TO APPLICANTS - PLEASE READ CAREFULLY

- Please ensure that prior to completing this form you have read the Reasonable Adjustments section of the APP Handbook and the accompanying 'Guide to Reasonable Adjustments and Special Considerations' published on the Global Campus.
- You must attach evidence supporting your application. This is likely to be copies of current medical, psychological or professional evidence and may also include a written assessment of the candidate's needs that your APP has carried out or a history of how the candidate's special needs have been accommodated previously.
- Please note that information about a candidate's disability or medical conditions should only be provided with the candidate's written consent.
- Data protection statement: The information supplied on this form and any supporting documentation will be treated as confidential and processed by WSET in accordance with its Data Protection Policy, a copy of which is available on request.
- All applications for reasonable adjustment must be received by WSET four weeks prior to the assessment date for WSET Level 1-3 qualifications and eight weeks prior to the assessment date for the WSET Level 4 Diploma. Applications received outside of these time frames will not be considered.
- APPS must receive WSET approval of any reasonable adjustment before making it available to candidates.
- Please complete and return this form to exams@wsetglobal.com for the attention of the Examinations Manager.

I declare that:

- the information provided on this form is true and accurate;
- my APP will be able to provide the arrangements requested, if approved by WSET; and
- any reasonable adjustment approved by WSET will be implemented in accordance with the guidance given by WSET and no other allowances will be made.

Signature of Examinations Officer

--

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

WSET Level 1-4 qualifications



WSET

[illegible]

APP Name	APP Number
----------	------------

Qualification

Qualification Language

Date of assessment	D	D	M	M	Y	Y	Y	Y
--------------------	---	---	---	---	---	---	---	---

Exam Number

Please give reasons why a reasonable adjustment is required for this candidate:

REASONABLE ADJUSTMENT(S) REQUIRED

Please specify the reasonable adjustment(s) required for the assessment:

If you would like to request accessible versions of course materials, please specify the type of adjustment(s) required:

SUPPORTING EVIDENCE

Please provide details of the supporting evidence attached: