**Access Arrangements – Special Considerations**

**Application**

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| **Version** | **Document Owner** | **Changes** | **Issue Date** |
| V1 | Education and Qualification Policy (EQP) team(globaleqs@rics.org) | Replaces RICS “Special Considerations” policy.  | April 2023 |

Please refer to the RICS’ Special Considerations policy before completing this form.

Applications should be sent to adjustments@rics.org.

All applications for special considerations must be submitted within 5 days of the assessment taking place.

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| RICS assessment | *e.g., Associate assessment, Chartered assessment, EWS*  |
| Your full name |  |
| Email address |  |
| Membership/candidate number |  |
| Date/time of your assessment  |  |

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| **Please specify the reason for requesting a special consideration** |
|  [ ]  Medical condition  [ ]  Mitigating personal circumstance(s)  [ ]  Technical issues during the assessment  [ ]  Problems at the test centre  [ ]  Other (please specify in details section)  |

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| **Further information in support of your application** |
|  Provide further details supporting your application where applicable Medical condition* The nature of the condition
* When did it start?
* Details of the medical or specialist advice sought
* Is the condition temporary or permanent?
* Please attach any supporting documentation

Extenuating circumstance(s)* Nature of the circumstance
* Time period/date problem began
* Explain how this has affected your assessment performance
* Please attach any supporting documentation

Problem at the test centre/Technical issue during the assessment* Detail of the problem, including how it affected your performance
* Time period- when did the problem start and how long did it last>
* Was it reported to RICS staff/assessment facilitator?
* What was their advice/action taken?
* Please attach any supporting documentation

Other* Nature of the circumstance
* Time period/date problem began
* Explain how this has affected your performance
* Please attach any supporting documentation
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| Please identify your situation from the options listed above and use this section to fully explain your reasons for applying for special consideration. Please ensure that you include all the information requested.  |

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| **Declaration:** |
| [ ]  I confirm that the information on this form and supporting evidence is true and accurate. [ ]  I give RICS consent to process the information I have provided in accordance with data protection legislation and the RICS [privacy policy](https://www.rics.org/footer/rics-privacy-policy) for purposes of processing my application and for auditing.  |

Your signature:

Date: