

**The Pensions Management Instititue**

Request for Special Consideration/Reasonable Adjustment

Part A

|  |  |
| --- | --- |
| LEARNERS’S PERSONAL DETAILSName |  |
| Date of Birth |  |
| Programme/Module of Study |  |
| PMI number |  |

This completed form will be used as evidence in a claim for exceptional circumstances affecting assessment because you believe your ability to study/prepare/participate in your assessment(s) /exam(s) has been impaired. Please give details of your condition and how it has prevented you from studying effectively.

|  |  |
| --- | --- |
| What is the reason for the request? | Does this condition prevent this learner from engaging in any study activity? |
| If some limited activities are possible (e.g. reading, studying for short periods, email) please specify: |

|  |  |
| --- | --- |
| Is this a request for:Reasonable AdjustmentOrSpecial Consideration(delete as appropriate) | Specific Impairment: **(Please attach evidence)** |
| What adjustments are necessary? |

Part B

If you need help in the form of a reader/scribe/amanuensis then please complete the following section (if not please strike through)

|  |  |
| --- | --- |
| FACILITATOR PERSONAL DETAILS |  |
| Name |  |
| Date of Birth |  |
| Assistance Offered |  |

|  |  |
| --- | --- |
| Name and Address of the facilitator | Relationship to Learner |

I/We confirm that the information on this form is accurate and contains the exact details of the Special Consideration or Reasonable Adjustment being requested for this learner’s assessment(s), and that it is being requested in accordance with PMI’s guidance. Additionally, I/We can confirm that I/We give authorisation for PMI to seek further advice of the learner’s medical evidence if necessary.

|  |  |
| --- | --- |
| **Signed:****(Learner)** | **Date:** |
| **Signed:****(Facilitator)** | **Date:** |