



Royal Academy of Dance
Examinations Department
36 Battersea Square
London SW11 3RA
T 020 7326 8000
exams@rad.org.uk

REASONABLE ADJUSTMENT APPLICATION FORM

- Before completing this form please read the *Reasonable Adjustments and Special Consideration Policy and Procedures*, available at www.rad.org.uk/exams
- The completed form and any medical evidence should be returned to the Examinations Business and Customer Service Manager by **the closing date for examination entry at the latest**. Email exams@rad.org.uk (or use address above).
- Under no circumstances should any forms be given directly to the examiner on the day of the examination.

PRIVACY NOTICE

Why do we need this data? We collect the information below in order to process and implement reasonable adjustments for examinations.

What data do we collect? We collect the data specified on the form below as follows:

- **Teacher/applicant name and contact details**
- **Candidate name, ID and exam details**

In most cases this information will already be on our database. Where it is not, we may update our database with the information you provide.

- **Reasons for reasonable adjustment request**

This information is collected purely to enable and support the processing of the reasonable adjustment request, in line with regulatory and access requirements and good practice.

What is the lawful basis for processing this data? The lawful basis for processing the data relating to teacher/applicant and candidate is legitimate interest, which is the delivery and awarding of qualifications and assessments for candidates taking examinations in dance. We consider that the processing is necessary to achieve this purpose, benefits the individuals whose personal data we process, is fully in line with their reasonable expectations, is not objectionable or intrusive, and does not open them to any undue vulnerability or negative impact.

You, and other individuals whose details you provide, have the right to object to processing on the basis of legitimate interest. If you, or they, wish to do so, please let us know.

If you are providing medical or health related information on this form, we must have the consent of the candidate or their parent / guardian if under 18. In the absence of such consent, the application will not be processed and will be deleted.

How long is the information kept? This form will be securely retained by the RAD for three years after which it will be destroyed.

Who has access to this information? We will not pass this information to anyone outside the RAD without permission **except**

- for the purposes of completing tasks and providing services to customers on our behalf which are consistent with the **original** purpose of collating and processing the data. An example of this is to a mailing house to send examination results and certificates to an applicant
- if we are required to do so by law, for example, by a court order or for the purposes of prevention of fraud or other crime
- if we are required to provide the information to the examinations regulators or other regulatory agencies (however this will usually be in an anonymised form)

Under no circumstances will we pass your credit/debit card information to anyone outside the RAD.

For more information, please see the [RAD Examinations Privacy Policy](#)

Teacher/applicant name:	Name, address (with country) and ID of registered school:							
Teacher membership ID:								
Email:								
RAD Venue (where relevant):								
Candidate name (given name, family name):								
Candidate ID no:								
Examiner (if known):								
Approximate date of exam/assessment:	Level of exam/assessment:	<i>Please tick relevant box:</i> <input type="checkbox"/> Examination <input type="checkbox"/> Class Award <input type="checkbox"/> Presentation Class <input type="checkbox"/> Demonstration Class <input type="checkbox"/> Solo Performance Award						
Reason for request for reasonable adjustment:								
Please explain the nature of any reasonable adjustments requested or any information the examiner should be aware of:								
<p>DECLARATION: I agree that the information provided is an accurate record and fully supports the application.</p> <table> <tr> <td>NAME (please print)</td> <td>POSITION (e.g. applicant, teacher)</td> </tr> <tr> <td>DATE</td> <td>SIGNATURE</td> </tr> </table> <p>PARENT/GUARDIAN DETAILS (where required: see information above):</p> <table> <tr> <td>NAME (please print)</td> <td>SIGNATURE</td> </tr> </table> <p>For electronic applications where an e-signature cannot be provided, the named teacher and/or parent/guardian is deemed as the signatory.</p>			NAME (please print)	POSITION (e.g. applicant, teacher)	DATE	SIGNATURE	NAME (please print)	SIGNATURE
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