

# Candidate Disability Notification

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## For Institution assessments

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Surname:

Forename(s):

Membership Number:

Nature of disability as notified to the Institution:

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### Commentary by medical practitioner/assessor

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Please confirm that the candidate suffers from the disability notified, that it meets the definition of disability in the Equality Act 2010 and that it is substantial, adverse and long term:

Please give your opinion as to the effects of the disability on the candidate in relation to sitting an examination/interview:

Please specify any way in which the Institution should consider making a reasonable adjustment to its assessment process to avoid placing the candidate at a disadvantage in taking the assessment compared to other candidates:

**Signature:**

**Qualification:**

**Practice stamp:**

**Date:**

Completed forms should be returned to [exams@istructe.org](mailto:exams@istructe.org)