

ROYAL ACADEMY OF DANCE

REASONABLE ADJUSTMENT APPLICATION FORM

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, RAD ID and contact details**
- **School name, RAD ID 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)

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

NOTES ON COMPLETING THE FORM

Before completing this form please read the [Reasonable Adjustments and Special Consideration Policy and Procedures](#), available on the website.

The completed form and any medical evidence should be returned as part of your RAD Online Exams examination entry (if in the UK and Ireland) or to Examinations Customer Service at RAD Headquarters (if outside the UK or Ireland) by email at examscustomerservices@rad.org.uk by **the closing date for examination entry at the latest**. Please send the **form and any medical documents as separate documents**.

Under no circumstances should any forms be given directly to the examiner on the day of the examination.

Teacher/applicant name:	Name, full address, and ID of school:	
Teacher membership ID:		
Email address:		
RAD Approved Venue (where relevant):		
Exam entry ID:		
Candidate name:		
Candidate ID:	Please check if candidate is over 18: <input type="checkbox"/>	
Examiner (if known):		
Date of examination (if known):	Examination level:	Please check relevant box: <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
This application is for (Please only tick one):		
<input type="checkbox"/> Examiner awareness only <input type="checkbox"/> To request an adjustment to be made to the exam procedure		
Please clearly detail the nature of the condition or disability here:		

If you are requesting an adjustment to the exam procedure, please fully explain the nature of any adjustment requested:

DECLARATION BY APPLICANT: I agree that the information provided on this form is accurate and fully supports the application.

APPLICANT NAME:

POSITION (e.g. teacher, school administrator):

DATE:

SIGNATURE:*

CANDIDATE/PARENT/GUARDIAN CONSENT: I consent to the provision of this information relating to me/ my child/ward (*please delete as appropriate*) to be used in line with the RAD's procedures for Reasonable Adjustments and Examinations.

NAME:

POSITION (e.g. candidate, parent, guardian):

DATE:

SIGNATURE:*

Please do not enter any other personal information (i.e. email address, phone number, ID number, etc.).

*For electronic applications where an e-signature cannot be provided the name may be typed and will act as a binding signature. For the candidate / parent / guardian's signature, we may ask for proof of the authenticity of the name being typed by the named person, such as independent verification or an email trail, etc.