**Special Requirements**

**Candidates of Northumbria University NMC Competence Test Centre**

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| --- | --- | --- | --- | --- |
| There are wide ranges of individual circumstances that may require reasonable adjustment to be made in the NMC Competence Test Centre to provide a positive examination environment to offer the opportunity to achieve the requirements of the NMC OSCE.  The NMC Competence Test Centre has a duty to be mindful of health & safety at Northumbria University and protection of the public. In addition, there is a legal duty under the Equality Act 2010 to candidates/employees to consider and, where appropriate, make reasonable adjustments both for students at University and as trainees/ prospective employees in the workplace. These guidelines are designed to make explicit the process whereby appropriate reasonable adjustments can be put in place while ensuring due consideration is given to confidentiality /data protection. | | | | |
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| **Section 1 – Candidate to complete** | | | | |
| **Contact Details** | | | | |
| **1** | **Candidate Details** | | | |
| **Name** |  | | |
| **Address** |  | | |
| **Contact Number** |  | | |
| **Email Address** |  | | |
| **Candidate ID** |  | | |
| **2** | **Emergency Contact Details** | | | |
| **Relationship to Candidate** |  | | |
| **Contact Number** |  | | |
| **3** | **Test Details** | | | |
| **Title** | NMC Test of Competence Practical Exam | | |
| **Faculty** | Health and Life Sciences | | |
| **Responsible to** | Academic Lead | | |
| **Date of OSCE** |  | | |
| **4** | **Northumbria University CTC first point of contact Details** | | | |
| **Name** | NMC Competence Test Centre Admin Team | | |
| **Location** | Competence Test Centre,  Coach Lane Campus, Newcastle | | |
| **Contact Number** | +44 (0)191 3002441 | | |
| **Email Address** | [CTCGeneralEnquirires@northumbria.ac.uk](mailto:CTCGeneralEnquirires@northumbria.ac.uk) | | |
| **Further Information** | | | | |
| **5** | **Any other information or comments.** | |  | |
|  | | | | |
| **Section 2 – Academic Lead to complete** | | | | |
| **Reporting** | | | | |
| **6** | Have you received a written report detailing advice on the candidate’s reasonable adjustments? | | | Yes ☐ No ☐ |
| Where changes are required to allow reason adjustments to be made, who are responsible for ensuring that they are implemented? | | | Academic Lead, Invigilator Project Manager, Administrator |
| **Informing other staff** | | | | |
| **7** | **Who will need to be informed about the candidate’s reasonable adjustments?** | | | |
| **Title** | **Date** | | |
| Academic Lead | Click here to enter a date. | | |
| Invigilator | Click here to enter a date. | | |
| Administrator | Click here to enter a date. | | |
| Project Manager | Click here to enter a date. | | |
| Examiners | Click here to enter a date. | | |
| **Further Information** | | | | |
| **8** | **Any other information or comments.**  Candidate to provide any additional information or comments that may be relevant. | Click here to enter text. | | |

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| **Section 3 – Support Plan** | | | |
| **Proposed Flexibilities to be Investigated** | **Timetable for Agreement or Decline and by whom (Date of reviews)** | **Date Flexibility Agreed or Declined** | **Comments** |
| Click here to enter text. | On the day of the exam. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | On the day of the exam. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | On the day of the exam. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | On the day of the exam. | Click here to enter a date. | Click here to enter text. |
| **Signatures** | | | |
| **Agreed by Academic Lead** | | | |
| **Signature** | Click here to enter text. | **Date** | Click here to enter a date. |
|  | | | |
| **Agreed by Candidate** | | | |
| **Signature** | Click here to enter text. | **Date** | Click here to enter a date. |