**What are reasonable adjustments?**

Reasonable adjustments are practical changes to the planned delivery of the assessment centre or selection centre that mitigate the effects of particular applicant characteristics or circumstances on their ability to undertake these required assessment centre and selection centre processes. No adjustment will be made to the standard of the assessment centre or selection centre or the score achieved by any applicant.

A reasonable adjustment is only considered for the purpose of accessing the assessment centre and selection centre and will not be disclosed to any potential future employer. If the information you are providing relates to adjustments that will be relevant to your performance as a public health specialty trainee, we would expect you to disclose it via your application form, and any relevant pre-employment checks as appropriate.

PHNRO (Public Health National Recruitment Office) may consider adjustments in the following areas:

* Time-related adjustments
* Modification of the appearance of the computer-based questions
* Personal assistance
* Specialist equipment

Candidates should note that this is not an exhaustive list and that all requests will be fully considered in a fair and consistent manner with what can be reasonably and practically put in place, and without impacting the integrity of the testing procedures. Please note that all decisions made by PHNRO are final.

**Standard of evidence to be submitted to PHNRO**

Applicants should expect to provide medical evidence for any adjustments requested and are therefore advised to source this as soon as possible to ensure that deadlines are met.

If your medical evidence is more than 6 months old, and you are not applying for reasonable adjustments on the basis of a long-term condition, you may be asked to provide further information which would need to meet the following standards:-

* Evidence must be written by independent and appropriately qualified professionals.
* Evidence must be on headed paper, signed and dated by the author and provide the GMC reference number (or equivalent) of the practitioner where relevant.
* Evidence must be in English. It is the applicant’s responsibility to provide supporting documentation and any translation should be undertaken by an accredited translator (e.g. be a member of the Association of Translation Companies – <https://www.atc.org.uk>). The responsibility, and any potentials costs, rests entirely with the applicant.
* Evidence must be unaltered by the applicant. Documentation that has been amended for any reason will be deemed inadmissible.

If you require any clarification on the standards of evidence required, please contact PHNRO as soon as possible.

**Confidentiality of Evidence**

By submitting a request for reasonable adjustments, the applicant agrees to personal data being held for the purposes of processing the request, in accordance with the 2018 Data Protection Act.

 PHNRO reserves the right to contact a third party directly to verify the evidence provided and if additional or more recent evidence is required then the responsibility, and any potentials costs, rests entirely with the applicant.

Applicants should be aware that the PHNRO cannot respond to an applicant’s circumstances if they remain unaware of relevant information and decisions made on reasonable adjustments will be based on the evidence provided.

**CONFIDENTIAL**

**REQUEST FOR REASONABLE ADJUSTMENTS – PUBLIC HEALTH RECRUITMENT**

This form should be completed if you want to make the Public Health National Recruitment Office (PHNRO) aware of a reasonable adjustment due to particular applicant characteristics, or circumstances to the delivery of the assessment centre or selection centre. **Please read the guidance notes fully and refer to PHNRO with any questions you may have, or points of clarification, in advance of submitting this form.** This form must be completed and uploaded with your Oriel application by **no later than Wednesday 1st December 2021 (application closing date)**, except in the event of an acute and unforeseen circumstance.

*Please ensure this page and the following signature page are both completed and returned*

|  |  |
| --- | --- |
| **Name** |   |
| **Application ID number** |   |
| **E-mail address** |   |
| **Date request submitted** |   |

|  |  |  |
| --- | --- | --- |
| **Adjustment(s) Requested** | **Grounds** | **Supporting Documentation** |
|  |  |  |
|  |  |  |
|  |  |  |

**Please refer to the** [***Oriel – Available Reasonable Adjustments List 2022***](https://www.fph.org.uk/training-careers/recruitment/application-process/) **document to help ensure that you select the correct adjustment(s) in line with what you have requested above.**

**Data Protection**

To processing my request for reasonable adjustments, I consent to the use of my name and other relevant details as set out above. I understand that this information will not be used for any other purpose without my prior consent unless authorised by law.

In the event that you wish to withdraw your consent to the processing of your data in this way, or exercise any of your other rights under the GDPR, you can contact publichealthrecruitment.em@hee.nhs.uk so that the necessary action can be taken.  We will confirm back to you that the appropriate changes have been made.

Further details of HEEs data processing activities can be found within HEEs Privacy Notice <https://www.hee.nhs.uk/about/privacy-notice> and the GDPR pages of our website at the following link <https://www.hee.nhs.uk/about/general-data-protection-regulation>, along with details of your rights under the GDPR.

By signing this document, I confirm that the information I have given is true, and that I have read and understood the guidelines on reasonable adjustments. I understand that if any of the information and evidence presented here is subsequently found to be intentionally misleading and / or fraudulent this will jeopardise my application to the Public Health National Training Programme, or if I am in employment, then disciplinary action may be taken.

I understand that PHNRO reserves the right to contact a third party directly to verify the evidence provided and if additional or more recent evidence is required then I am entirely responsible for providing this and covering any potential costs incurred.

|  |  |
| --- | --- |
| **Signature** |  |
| **Print Name** |  |
|  | **Date** |  |

**Please upload with your Oriel application by the application closing date**