

Examinations Department Suite 601, 1210 Sheppard Ave E Toronto, ON M2K 1E3 416.489.2813 / 1.888.709.0895 exams@radcanada.org

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:

https://media.royalacademyofdance.org/media/2021/03/08154549/Exams-privacy-policy-20210308.pdf

NOTES ON COMPLETING THE FORM

Before completing this form please read the Reasonable Adjustments and Special Consideration Policy and Procedures, available on the website: https://media.royalacademyofdance.org/media/2019/10/09110909/201901009-reasonable-adjustments-and-special-consideration-policies-and-procedures.pdf

The completed application form should be submitted as part of your online examination entry with any supporting medical evidence sent to your provincial Examinations Planner at their private email address by the closing date at the latest.

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

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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:	
Examiner (if known):		
Date of examination (if known):	Examination level:	Please check relevant box:
		□ Examination □ Class Award □ Demonstration Class □ Solo Performance Award
This application is for (Please only tick one):		
☐ Examiner awareness only		
☐ 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 ARRIVEANT. Leaves shot the information provided on this forms in commenced fully supported		
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): SIGNATURE:* DATE:		
SIGNATORE.		DATE.
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): SIGNATURE:* DATE:		
SIGNATURE:		DAIL.
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.		