OSFA Reasonable Adjustments application form

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| Date | Click here to enter text. |
| Trainee name | Click here to enter text. |
| Trainee email address | Click here to enter text. |
| Trainee specialism | Click here to enter text. |
| STP year of entry | Click here to enter text. |
| Year of OSFA | Click here to enter text. |
| Training officer name | Click here to enter text. |
| Training officer email address | Click here to enter text. |

Evidence of disability or additional need that may affect the trainee’s performance in, or access to the OSFA.

Click here to enter text.

*(Copy of evidence to be attached to this form)*

Trainee is diagnosed with: Click here to enter text.

Diagnosis supplied by: Click here to enter text.

**e.g: Medical Practitioner; Educational/ Occupational/ Clinical-Psychologist; Therapist**

Name and organisation of person supplying the diagnosis: Click here to enter text.

Date of diagnosis: Click here to enter text.

The trainee should identify which of the following reasonable adjustments they consider to be relevant to their evidenced disability. Please note that

1. The NSHCS will consider the trainee’s evidence and request for reasonable adjustments, and notify the trainee which of their requests, or blend of requests, will be granted.
2. Additional time within stations is not permissible for any trainee as the stations assess fitness to practice in the workplace.

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| **Trainee use only** | | **Office use only** |
| **Please check relevant boxes** | | **Comment** |
|  | Trainee is recording disability for information only and does not require reasonable adjustments |  |
|  | Wheelchair access and table/desk risers or other special access requirements  Please specify requirements:  Click here to enter text. |  |
|  | Printed materials in accessible format  Please specify preferred format:  Click here to enter text. |  |
|  | Use of specialist software in the OSFA (as provided by the trainee)  Please specify:  Click here to enter text. |  |
|  | A reader to read aloud the Instructions to Trainees posted outside each OSFA station and/or other OSFA printed materials |  |
|  | A scribe for written stations |  |
|  | Choice of morning or afternoon circuit  Please specify preferred circuit: AM or PM  Click here to enter text. |  |
|  | Scheduled rest break for the Specialist OSFA (no rest breaks available for the 3 station Generic OSFA, or the 4 station Mock OSFA)  Please specify preference: Following 4th, 5th or 6th OSFA station  Click here to enter text. |  |
|  | Permission to take on to circuit one coloured overlay and coloured ruler (to be provided by the trainee) |  |
|  | A personal chaperone to guide trainee between stations |  |
|  | Dispensation of the station mark scheme relating to spelling errors where spelling errors will not compromise patient safety |  |
|  | Other reasonable adjustment  Please specify:  Click here to enter text. |  |