

**Reasonable Adjustments Request Form**

The BSB is an inclusive organisation and is committed to ensuring that everyone can access our services in line with our [Reasonable Adjustment policy](https://www.barstandardsboard.org.uk/static/0a1b5d7d-91d7-4072-9d69a0fd15525b5d/682772b4-47e8-424e-90c7c65fd6be1ce3/BSB-Reasonable-Adjustments-Policy.pdf). This form should be completed by individuals who have a disability or health condition and require a reasonable adjustment to enable them to access the BSB’s services and/or resources.

If you are unable to complete this form or need any other help, please call us on 020 7611 1444 or email us on [**contactus@barstandardsboard.org.uk**](javascript:void(location.href='mailto:'+String.fromCharCode(99,111,110,116,97,99,116,117,115,64,98,97,114,115,116,97,110,100,97,114,100,115,98,111,97,114,100,46,111,114,103,46,117,107)+'?emailantispam=0%27)).

Please send all completed forms by email to [**contactus@barstandardsboard.org.uk**](javascript:void(location.href='mailto:'+String.fromCharCode(99,111,110,116,97,99,116,117,115,64,98,97,114,115,116,97,110,100,97,114,100,115,98,111,97,114,100,46,111,114,103,46,117,107)+'?emailantispam=0%27)) or by post to:

The Bar Standards Board  
289-293 High Holborn  
London  
WC1V 7HZ

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| **Your Details** | |
| Please enter your details below so we can keep in touch with you about your request. | |
| Name: |  |
| Address: |  |
|  | |
| Contact no: |  |
| Email: |  |
| Preferred contact method (please tick) | Post  Email  Telephone |

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| **Your Disability or Health condition** |
| Please tell us about your disability or health condition so we can understand why you need reasonable adjustment(s). This will help us to ensure that we meet your needs and can make the required adjustment(s). |
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| **Your Reasonable Adjustment Request** |
| Please indicate from the options below the reasonable adjustment(s) you require: |
| Providing information or correspondence in an alternative format (e.g. larger font size, specific colour contrast) please specify in the box below |
| Extended time for an application or submission of a response or information |
| Other – please specify in the box below |
| **Please tell us more about your request here and provide as much information as possible to help us meet your needs:** |
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