

BRE Global	BRE Academy USA Form	Doc. No: BF2051
Training and Examination Accommodation Request Form		Rev. No: v0.1
		Issue Date: 8 Jul 2021

Policy

It is BRE Academy USA policy to provide reasonable course and testing accommodations to candidates with documented disabilities. Examples of course or testing accommodations include, but are not limited to:

- Large-print examination papers, program documents, and presentation slides;
- Printed copies of spoken presentations or examination instructions;
- Seating near the front of the training room;
- Extended testing/examination time;
- Extra breaks (e.g., to take medication(s), eat, or go to the toilet/restroom);
- Special equipment or furniture;
- Permission to bring additional supplies into the testing room (e.g., food, drink, or medication(s));
- Scribes to record answers on examination answer sheet(s); and,
- Oral or sign language interpreters.

However, the use of some medical aids do not require pre-approval. These aids include, but are not limited to, those that assist a candidate in moving from place to place (e.g., a cane/walking stick, crutches, wheelchair, walking frame/walker) or in communicating with others (e.g., a hearing aid, voice amplifier), or that are otherwise required for health reasons (e.g., a heart rate monitor, insulin pump). Any questions regarding whether a particular medical aid requires pre-approval should be directed to BRE Academy USA via email BREAcademy@bregroup.com or by post to **BRE Academy USA, ATTN: Training Accommodations, 535 Mission Street, Floor 14, San Francisco, CA 94015.**

How to Request Accommodations

If you have a documented disability(ies) that would impair your ability to take a training course and/or examination under standard conditions, you may request reasonable accommodation(s). To request such accommodation(s), you must:

1. Register for the training on www.bre.ac or by completing and submitting a booking form, available upon request at BREAcademy@bregroup.com;
2. Complete this Accommodations Request Form and provide documentation of past course or testing accommodation(s) received;
3. If you do not have documentation of past course or testing accommodation(s), complete the “Candidate Authorization” portion of the Professional Evaluation Form and provide the form to a qualified health care professional to complete; and,
4. Submit completed forms and relevant documentation to BRE Academy USA either by:
 - **E-mail:** BREAcademy@bregroup.com
 - **Mail:** BRE Academy USA
ATTN: Training Accommodations
535 Mission Street, Floor 14, San Francisco, CA 94015

When to Request Accommodation(s)

BRE Academy USA encourages candidates with documented disabilities to register for the training and to submit all required forms and documentation as early as possible. Submitting requests for accommodation(s) after the training registration deadline may not allow BRE Academy USA adequate time to evaluate such requests or to provide accommodation(s).

The Review Process

BRE Academy USA evaluates requests for accommodations on an individual, case-by-case basis. BRE Academy USA may retain qualified outside consultants to assist in its review of requests.

BRE Academy USA will treat information provided by a candidate in connection with a request for accommodation(s) as confidential and will use it solely to determine eligibility for the accommodation(s) requested. BRE Academy USA will only release an individual’s medical information on a “need-to-know” basis, except where otherwise required by law.

Notification of Accommodation(s) Decision

Following its evaluation of a request for accommodation(s), BRE Academy USA will send a letter to the requesting candidate confirming the accommodation(s) approved. BRE Academy USA will make any necessary arrangements with the training site. If the training site cannot accommodate the request on the scheduled course or testing/examination date(s), BRE Academy USA will arrange an alternative date, or will make other alternative accessible arrangements.

BF2051	Rev v0.1	Rev Date: July 2021	Page 2 of 6
--------	----------	---------------------	-------------

If a request is denied in full or in part, BRE Academy USA will send the requesting candidate a letter with an explanation. In such instances, the candidate may choose to address any issues identified and resubmit the request. If a request for accommodation(s) is denied, the candidate will remain registered for the training under standard conditions, unless s/he requests to cancel his/her enrolment in accordance with BRE Academy USA Cancellations and Refunds policy, as described in the Training Program Terms and Conditions.

Candidate Details

First Name:		Last Name:	
Company:			
Address:			
Phone:		Email:	
Mobile:			

Training Information

Have you taken a BRE Academy USA training course and/or examination before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, were you previously accommodated by BRE Academy USA?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
In what portion of the training are you now seeking accommodation?		<input type="checkbox"/> Course <input type="checkbox"/> Examination <input type="checkbox"/> Course & Examination	
When and where have you registered to take the training?	Date:		City:

Disability Information

What is the nature of your disability(ies)? (e.g., physical, visual, cognitive, psychological, hearing)	
What functional limitation(s) do you have as a result of your disability(ies)?	

How will your disability(ies) impair your ability to take the course and/or examination?	
When were you first diagnosed with the above disability(ies)?	

Requested Accommodation(s)

Please provide a description of the specific training course and/or examination accommodation(s) you are requesting:

--

Please describe how the requested accommodation(s) will reduce the impact of your identified functional limitation(s) in the course and/or on the examination:

--

Previous Accommodations

In the past five (5) years, have you received accommodation(s) in education or employment related to your current disability(ies)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what accommodation(s) have you received?		
During what period of time have you used the above accommodation(s)?		

Documentation of Past Course or Testing Accommodations

Do you have documentation of past accommodation(s) you received in a similar course or testing situation(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any of the following types of documentation of past course or testing accommodation(s)?	<input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Section 504 of the Rehabilitation Act of 1973 Plan <input type="checkbox"/> Summary of Performance <input type="checkbox"/> Private School Formal Written Plan	
Do you certify that you are currently experiencing the same functional limitation(s) caused by the disability(ies) for which the course or testing accommodation(s) were previously approved?		<input type="checkbox"/> Yes <input type="checkbox"/> No

If you certified above that you are currently experiencing the same functional limitation(s) caused by the disability(ies) for which you previously received course or testing accommodation(s), please submit copies of the documentation showing the past course and/or testing accommodations you received to BRE Academy USA with this Request form.

If you do not have documentation of past course or testing accommodation(s), or if you are not currently experiencing the same functional limitation(s) caused by the disability(ies) for which the accommodation(s) were previously approved, please follow the instructions in the Current Evidence of Disability section below.

Current Evidence of Disability

If you do not have documentation of past course or testing accommodation(s) relating to the functional limitation(s) you are currently experiencing as a result of your disability(ies), a qualified health care professional will need to complete the Professional Evaluation Form setting out the nature of your disability(ies), your functional limitation(s) as a result of the disability(ies), and your need for the specific accommodation(s) requested given the format and location of the course and/or examination.

Declaration

I understand that by signing this form and submitting it to BRE Academy USA, I am authorizing BRE Academy USA to use the information provided to determine my eligibility for the accommodation(s) I am requesting in the training course and/or examination. I understand that BRE Academy USA has the right to make additional inquiries regarding my disability(ies) and previous accommodation(s) received before making a determination whether to provide the accommodation(s) I have requested. I agree to provide BRE Academy USA with any additional information or documentation requested in order to evaluate my request for accommodation(s).

I understand that there may not be enough time for BRE Academy USA to evaluate my request for accommodation(s) or to provide such accommodation(s) if I submit this Request after the training registration deadline. I acknowledge that BRE Academy USA reserves the right to make the final determination as to whether any requested accommodation is appropriate.

I understand that BRE Academy USA may retain qualified outside consultants to assist in its review of requests. By submitting my request for accommodation(s), I authorize and provide my consent to BRE Academy USA to share my personal and medical information as needed in relation with my request for accommodation(s).

I certify that all of the information on this form is true and correct.

Signature:

Date:

(Initials can be entered electronically in lieu of a physical signature or you may have someone sign and date the form in your presence)