

# Request for reasonable accommodation for candidates participating in competitions / selection procedures organised by the European Parliament

*Please note that all data provided shall be treated in conformity with Data Protection Regulation (EU) 2018/1725. You will find attached a Privacy Statement.*

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## How to fill in this form

1. Do not fill in this form directly in the browser.
2. Download this form and save it in your PC/Mac.
3. Open the form with Adobe Acrobat (if you do not have it, [download](#) and install it for free).
4. Fill in the form and Save As with a different name.
5. This form duly completed and signed, with all the necessary documents, should be sent to the medical service by e-mail to the following address [PERS-CabmedbruDisability@europarl.europa.eu](mailto:PERS-CabmedbruDisability@europarl.europa.eu) within the deadline communicated to you.

Failing to follow these clear instructions will result in corrupting the form.

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## Contact details

**Family name:**

**First name:**

**Telephone/mobile:**

**Email:**

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## Competition/selection procedure (c/sp)

**Name and reference of the c/sp:**

I hereby request the Appointing Authority (AA) to provide reasonable accommodation during written tests (mark the requested measure):

Additional time during written test

Use of screen reading software

Use of adaptive software

Scheduled breaks during testing

Other type of accommodations which are not listed above (please specify):

## Limitations experienced - written tests

Due to my disability (or other circumstances), I have the following limitations when taking multiple choice and written computer-based tests.

Please indicate only the limitations directly linked to your reasonable accommodation request **and** only if the request is not among the above listed.

## Limitations experienced - interviews

Due to my disability (or other circumstances), I have the following limitations when taking interviews.

Please indicate only the limitations directly linked to your reasonable accommodation request **and** only if in the call for interest an oral test is foreseen.

Please attach the appropriate medical documentation to support your reasonable accommodation request (medical certificates, doctor's notes, proof of educational accommodations, such as any exam accommodations granted previously during the course of education, etc.).

Please note that poorly scanned, illegible documents will **not** be considered.

Only legible, properly scanned and named documents (using the format "**Family Name - First Name - Reasonable Accommodation - Reference Of The Competition / Selection Procedure**") will be considered.

**This form duly completed and signed, with all the necessary documents, should be sent to the medical service by e-mail to the following address**

[PERS-CabmedbruDisability@europarl.europa.eu](mailto:PERS-CabmedbruDisability@europarl.europa.eu)

**within the deadline communicated to you.**

**Date:**

**Signature**

### Reserved for the Medical Service of the European Parliament

**Request**

**Approved**

**Dismissed**

Reasonable Accommodation granted for **written tests:**

Reasonable Accommodation granted for **oral tests / interview:**

**Date:**

**Doctor' signature:**