



European Parliament

# Application form – Reasonable accommodation request for candidates in competitions organised by the European Parliament

For the purpose of this form, “competition” refers to any type of competition, selection procedure or call for expression of interest.

Please note that all data provided shall be treated in conformity with Regulation (EU) 2018/1725 on data protection.

You will find attached *Additional information regarding the processing of your medical data for reasonable accommodation in tests*.

---

## 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. Fields with asterisks\* are required.
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.

---

## Contact details

**Family name:\***

**First name:\***

**Date of birth:\***

**Telephone/mobile:\***

**Email:\***

---

## Competition

**Name and reference of the competition:\***

I hereby request the Appointing Authority (AA) to provide reasonable accommodation during the tests.

Please mark the accommodation(s) needed **for each test type**.

(If a test is not part of the competition, leave the section blank.)

## Multiple-choice question (MCQ) test

### Accommodation(s) requested (please tick):

Additional time

Use of screen reading software

Scheduled breaks during testing

Other (please specify):

Due to my impairment (or other circumstances), I have the following limitations when taking multiple-choice question tests. Please describe the limitations directly linked to your reasonable accommodation(s):

## Written/drafting tests

### Accommodation(s) requested (please tick):

Additional time

Use of screen reading software

Scheduled breaks during testing

Other (please specify):

Due to my impairment (or other circumstances), I have the following limitations when taking written computer-based tests. Please describe the limitations directly linked to your reasonable accommodation(s):

## Oral test/interview

### Accommodation(s) requested (please tick):

Additional time

Scheduled breaks during testing

Other (please specify):

Due to my impairment (or other circumstances), I have the following limitations when taking oral tests/interviews, in person or computer based. Please describe the limitations directly linked to your reasonable accommodation(s):

## Supporting documents

Please attach the appropriate medical documentation to support your reasonable accommodation request (e.g., any report or certificate deemed relevant like recent medical certificate, official national disability recognition document, physician's recommendations based on the diagnosis, proof of educational accommodations [such as any previously granted exam modifications or special arrangements during the course of education], etc.).

- Poorly scanned, illegible documents will not be considered.
- Each document must be correctly named using the following format:  
**Family Name - First Name - Reasonable accommodation - Reference of the notice.**  
Documents not following this format will **not be considered**.

### Submission of medical documents:

1. Multiple documents must be combined in one pdf file with a maximum size of 5 MB.
2. If any of the documents are electronically signed, they must be attached as separate individual files (not merged). Each file must not exceed 5 MB.
3. If your disability (or other relevant condition) is officially recognised by a national authority, please attach the corresponding documentation.

This form duly completed and signed, with all the necessary documents, should be sent to the Medical Service by e-mail at [PERS-CabmedbruDisability@europarl.europa.eu](mailto:PERS-CabmedbruDisability@europarl.europa.eu) **within the deadline communicated to you.**

Please indicate in the subject line request for reasonable accommodation, followed by the Reference- Competition name you are applying for, and your Full Name (*Example: Request for Reasonable Accommodation | [Reference] - [Competition Name] | [Full Name]*).

**Date:** \_\_\_\_\_ **Signature** \_\_\_\_\_

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

Request	Approved	Dismissed
---------	----------	-----------

Reasonable Accommodation granted for **MCQ test:**

Reasonable Accommodation granted for **written test:**

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

**Date:** \_\_\_\_\_ **Doctor' signature:** \_\_\_\_\_