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| RAR3 | Application for an Appeal of a Reasonable Adjustments Request to The Law Society of Northern Ireland |

The Law Society of Northern Ireland (the Society) is the professional body and regulator of the solicitors’ profession in Northern Ireland. All requests for reasonable adjustments are considered in line with the Society’s reasonable adjustments policy, it is recommended that you read the same in full before completing your request.

Purpose

The purpose of this application is to request for the Society to consider your request for an appeal where a request has previously been made under form RAR2 and a reasonable adjustment determination was made, the outcome of which you are dissatisfied with. This form is to be completed by those who have a disability or health condition and require a reasonable adjustment to be made by the Society to enable them to access our services or resources.

How to complete your application

Please complete each section of the form in full by providing as much information as possible, this will help us evaluate your request. You should ensure that:

* If completing the form by hand, write your responses using BLOCK CAPITALS or in clear, legible handwriting.
* If you need more space for further information, write or type a summary in the relevant box and attach additional information on a separate sheet noting at the top the section the continuation page represents.
* Sign and date the form if completed by hand, or type your full name in the signature box, date and save the form if you are completing it electronically. Digital signatures are accepted.

For help completing the form, please call 028 9023 1614 between 09.00 & 17.00 Monday to Friday.

Where should you return your application?

Once completed, this form can be returned by email to *dlo@lawsoc-ni.org* or by post to:

The Disability Liaison Officer

The Law Society of Northern Ireland

96 Victoria Street,

Belfast,

County Antrim,

BT1 3GN

Please ensure you have applied the correct postage, otherwise we may not receive it.

Our Decision

We will acknowledge receipt of your application for appeal in writing and thereafter your application for appeal will be considered by the Disability Liaison Officer and the Head of Governance and Corporate Services. The outcome of the appeal will be communicated to you in writing.

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| We would encourage you to complete this form in TYPE or to please use BLOCK CAPTIALS in black ink. |

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| **Section****1** | **Department***The following details the department in which the reasonable adjustment request is to be considered by.* |
| 1.1 | Name of department |  |

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| **Section****2** | **Personal details required***The following information is required from you* |
| 2.1 | Title: |  |
| 2.2 | First Name: |  |
| 2.3 | Middles Names: |  |
| 2.4 | Surname: |  |
| 2.5 | Address |  |
| 2.6 | Postcode: |  |
| 2.7 | Telephone Number: |  |
| 2.8 | Email Address: |  |
| **Your preferred method of communication** | Email: [ ] Post: [ ] Telephone: [ ]  |

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| **Section****3** | **Grounds for your appeal***Please give details in order that we can better understand the grounds for your appeal.* |
| 3.1 |  |

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| **Section****4** | **Your Declaration*** I declare that the information I have given on this application is correct to the best of my understanding.
* I understand that reasonable adjustment requests are determined on a case-by-case basis and will be accommodated insofar as is possible by the Society.
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| 4.1 | Name: |  |
| 4.2 | Signature: |  |
| 4.3 | Date: |  |

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| **Checklist:**  |
| 1. I have completed the relevant sections of the form:
 | Yes □ No □ |
| 1. I have signed and dated the form:
 | Yes □ No □ |
| 1. I have enclosed/attached additional pages and/or supporting documents:

\*Please list each document below to assist us in checking that we have received all documents sent by you\* | Yes □ No □ |
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