****

|  |  |
| --- | --- |
| RAR4 | Reasonable Adjustments Request:- Form of Authority |

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 form is to provide authority for a Nominated Person to act on behalf of a person with a disability or health condition.

This authority includes, but is not limited to a Nominated Person:

* Communicating with the Society on behalf of a person with a disability or health condition.
* Completing forms RAR2 and RAR3.
* Submitting and receiving documents.
* Representing the interests of a person with a disability or health condition.
* Accessing and disclosing any information or records.

This form is to be completed by those who have a disability or health condition, require a reasonable adjustment to be made by the Society to enable them to access our services or resources and require to nominate a person to represent them.

How to complete your nomination

Please complete each section of the form in full where relevant. 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 form?

Once completed, this form can be returned by email to [*enquiry@lawsoc-ni.org*](mailto:enquiry@lawsoc-ni.org) or by post to:

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 form in writing and thereafter would ask that you allow us 15 working days within which to consider the information you have submitted and provide you with a response.

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

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

|  |  |  |
| --- | --- | --- |
| **Section**  **2** | **Your personal details required**  *The following information is required from the person with a disability or health*  *Condition*. | |
| 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: |

|  |  |  |
| --- | --- | --- |
| **Section**  **3** | **Nominated Person’s personal details required**  *The following information is required from the person who you have opted to*  *nominate.* | |
| 3.1 | Title: |  |
| 3.2 | First Name: |  |
| 3.3 | Middles Names: |  |
| 3.4 | Surname: |  |
| 3.5 | Address |  |
| 3.6 | Postcode: |  |
| 3.7 | Telephone Number: |  |
| 3.8 | Email Address: |  |
| **Nominated Person’s preferred**  **method of communication** | | Email:  Post:  Telephone: |

|  |
| --- |
| Please indicate if the Nominated Person is a person with a disability or health condition and  requires any assistance or adjustment or requires any special arrangements when we contact them: Yes □ No □ |

|  |  |  |
| --- | --- | --- |
| **Section**  **4** | **Your Declaration**   * I grant the Nominated Person permission to act on my behalf. * I understand that I may revoke this authority at any time by providing written notice to the Law Society of Northern Ireland and the Nominated Person. * I understand that if I have not already received a copy of the Law Society’s Privacy Notice explaining how my personal data will be managed, I can request a copy from the Society or can access a copy on the Law Society’s website. The Law Society of Northern Ireland is the Data Controller for the purposes of the Data Protection Act 2018. Personal data supplied by you will be processed for the purposes of undertaking our statutory duties in respect of practising solicitors. The data may be disclosed to the solicitor or partner, or other statutory or regulatory bodies as appropriate. | |
| 4.1 | Name: |  |
| 4.2 | Signature: |  |
| 4.3 | Date: |  |

|  |  |  |
| --- | --- | --- |
| **Section**  **5** | **Nominated Person’s Declaration**   * I understand that if I have not already received a copy of the Law Society’s Privacy Notice explaining how my personal data will be managed, I can request a copy from the Society or can access a copy on the Law Society’s website. The Law Society of Northern Ireland is the Data Controller for the purposes of the Data Protection Act 2018. Personal data supplied by you will be processed for the purposes of undertaking our statutory duties in respect of practising solicitors. The data may be disclosed to the solicitor or partner, or other statutory or regulatory bodies as appropriate. | |
| 5.1 | Name: |  |
| 5.2 | Signature: |  |
| 5.3 | Date: |  |

|  |  |
| --- | --- |
| **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 □ |
|  | |
|  | |
|  | |