



## **Students' Disability Policy**

### **Policy and Procedure**

The Institute of Banking and Finance of Trinidad and Tobago (IBF) is committed to providing the Diploma in Banking (Certificate and Diploma Levels) (DIB) and Professional Certificate of Financial Advisors (Cert. FA) Programmes and Examinations in a form and at a location that does not negatively impact students with disabilities and medical conditions.

#### **Reasonable Accommodation**

IBF will make efforts to provide access to resources and provide accommodations for students with disabilities and medical conditions, in so far as it does not place undue hardship on IBF, nor should it be prohibitive to business operations nor negatively compromise IBF's ability to afford the accommodations being requested. This will be achieved by IBF's facilitation of reasonable accommodations for students. Some reasonable accommodations include but are not limited to:

- Location of examination room in a quiet area to reduce distractions;
- Extra lighting or increased font size of wording to assist easier reading;
- Use of assistive devices (e.g. computer equipped with specialized software).

A student with a disability and/or and medical condition can access a reasonable accommodation based on the following procedure:

#### **Procedure**

##### **Step 1: Disclosure**

Students who have disabilities or/and medical conditions for which they require special academic accommodations or provisions must disclose this information to IBF upon registration for the respective examination. This disclosure must be done in either and/or both of the following ways (based on circumstance):

##### **Disclosure at Time of Registration for Examination**

This applies where the student has the disability or/and medical condition at the time of registering for the examination and he/she respectively requires an accommodation. Disclosure of the disability or/and medical condition is done by selecting the appropriate box on the Examination Registration Form and completing the Disability/ Special Needs Form (Appendix A). These must be submitted to IBF prior to the submission of the Supplemental Information required in Step 2 below.



### Disclosure after Registration for Examination

This applies where the circumstances causing the disability or/and medical condition occur after registration, thus preventing this disclosure at the time of registration. The student requesting an accommodation for a disability or/and medical condition must inform IBF as soon as possible after diagnosis of the disability or/and medical condition. The student must complete the Disability/ Special Needs Form (Appendix A). This must be submitted to IBF prior to the submission of the Supplemental Information required in Step 2 below.

The other registration procedures for IBF Programmes shall remain the same and regular registration fees paid.

### **Step 2: Submission of Supplemental Information**

After informing IBF in Step 1 of the disability or/and medical condition, the student will be required to submit a diagnostic report. This diagnostic report must be written by a certified medical practitioner or qualified professional with expertise in the area of the disability or/and medical condition for which the student is seeking the accommodation. This officer must not be a relative of the student.

This diagnostic report must include the following:

- Specific details of the diagnosis and date of onset
- Level or severity of disability
- Date of diagnosis, last visit and contact with the patient/ student
- List of standardized tests or other assessment methods used to assess the patient/ student on: aptitude, achievement and information processing
- Specific details of how the disability or impairment affects the patient/ student in an examination
- Recommendation of the vital and relevant accommodations relative to the disability/ special needs to ensure the patient/ student receives appropriate academic treatment e.g. wheel chair access to examination room, written information like study manuals and examination format adjustments (e.g. larger font size of words) and other reasonable accommodations
- Any other relevant information to the patient/ student to ensure equal opportunity.

This report must not be more than two (2) years old. The report must be submitted to IBF no later than three (3) weeks after the student has submitted the Disability/ Special Needs Form (Appendix A) to IBF informing of the disability or/and medical condition.



**Step 3: Committee Assessment & Recommendation**

The Disability/ Special Needs Form and Diagnostic Report will be submitted to the Academic and Quality Assurance Sub-Committee (AQASC) for its consideration and adjudication. If the request has a reasonable accommodation and does not place IBF in a position of undue hardship, it will be facilitated. Upon approval of the request, the student will be notified by IBF. IBF will therefore make the adequate provisions to accommodate the student. In the circumstance where IBF is unable to facilitate the request, the student will be entitled to a full refund of fees paid.

**Disclosure and Confidentiality**

Please note that information and documentation disclosed by the student will be treated as confidential so as to maintain the privacy and protection of the contents of information and student confidentiality. However this may be overridden by any health or safety circumstances related to the student.

Disclosure of the information provided by the student, his or her condition and accommodations made will not be made to anyone outside of IBF except if so ordered or directed by a court of law to disclose such information.

**END OF DOCUMENT**



The Institute of Banking and  
Finance of Trinidad & Tobago

## STUDENT REGISTRATION SPECIAL NEEDS REQUEST FORM

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### STUDENT DETAILS

**SURNAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PROGRAMME REGISTERED FOR:** \_\_\_\_\_

**LEVEL OF PROGRAMME:** \_\_\_\_\_

### DISABILITY, IMPAIRMENT OR MEDICAL CONDITION DETAILS

**NAME OF DISABILITY, IMPAIRMENT OR MEDICAL CONDITION:**

\_\_\_\_\_  
\_\_\_\_\_

**DETAILS OF DISABILITY, IMPAIRMENT OR MEDICAL CONDITION:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUESTED ACADEMIC ACCOMMODATION:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This Request must be supported by a Diagnostic Report Form from a medical practitioner or professional expert. This must be submitted to IBF no later than 3 weeks after registration. Please see additional details in IBF Disability Policy and Procedure.**

**\*Please note that all information disclosed will remain confidential.**