

Form to request for Reasonable Accomodation

Depending on the nature of their disabilities, disabled people may be entitled to special accomodations for their competitions, recruitment procedures or examinations.

This accomodation concerns the material conditions under which the written and/or oral tests are organized and conducted and their contents must remain identical to those of other candidates.

Applicants should note that the consideration of their request for accommodation does not mean that their application is admissible under the general conditions required to apply. A decision on eligibility can only be taken once the applications have been submitted before the closing date.

Candidates are also free to opt out of this procedure and any special accomodations made for them up until the day before the examination.

To be eligible for reasonable accomodation, candidates must fit into one of the categories mentioned in 1°, 2°, 3°, 4°, 9°, 10° and 11° of article L.5212-13 of the French Labour Code:

- Workers recognized as disabled by the Commission for the Rights and Autonomy of Disabled People mentioned in article L. 146-9 of the French Code of «l'action sociale et des familles» (RQTH), which means the (Recognition of Handicapped Worker Status).
- Those who are victims of accidents at work or occupational diseases resulting in a permanent disability of at least 10% are entitled to a pension under the general social security scheme or any other compulsory social protection scheme;
- Holders of a disability pension awarded under the general social security scheme, any other compulsory social protection scheme or the provisions governing public-sector employees, provided that their disability reduces their capacity to work or earn a living by at least two-thirds;
- The beneficiaries mentioned in article L 241-2 of the Code of military disability pensions and war victims;
- Holders of an invalidity allowance or pension awarded under the conditions defined by law no. 91- 1389 of 31 December 1991 relating to the social protection of volunteer firefighters in the event of an accident or illness contracted in the line of duty;
- Holders of the 'mobility and inclusion' card bearing the 'disability' label defined in article L 241-3 of the French Social Action and Family Code;
- Holders of the disabled adult allowance.

Candidates who meet the conditions for reasonable accommodation must submit the accommodation request form, together with the medical recommendation from the Certified doctor and a copy of the certificate attesting of their status as beneficiaries of the obligation to employ disabled workers, to the organising department within the time limit specified in the rules for the competition or recruitment procedure.

The list of Certified Doctors is available on the website of the prefecture of your resident department or the regional health agency.

Documents can be sent in 2 ways:

By mail	By post
Mail: amenagement-concours@inserm.fr	INSERM Human Resource Department HR Development Department – Disability Department 101 rue de Tolbiac 75654 Paris Cedex 13

Request for Reasonable Accommodation

(To be filled by the candidate)

Candidate contact details:

Last name, Name:

Address:

Phone number: Email address:

Competitions / Recruitment(s) concerned by the Accommodations upon request:

-
-
-

Date:, at

Stamp and signature of the Certified Doctor

Medical recommendation

(To be filled in by the Certified Doctor)

In accordance with Article 2 of Decree No. 2020-523 of May 4, 2020, exceptions to the normal rules for conducting competitions, recruitment procedures and examinations for public-sector employees and disabled candidates are decided by the authority responsible for organizing examinations upon presentation by the candidates of a medical certificate issued by a Certified doctor under the conditions set out in decree n°86-442 of March 14, 1986.

Contact details of the Certified Doctor:

Last name, Name:

Address:

Phone number: Email address:

Type of Recommended Accommodations:

☐ Additional time (*Duration to be specified within the limit of extra time*):

☐ LSF interpreter

☐ Text transcription

☐ Accessibility of the premises (*To be precised*):

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☐ Others:

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Date:, at

Stamp and signature of the Certified Doctor

Statement of fee

(To be filled in by the Certified Doctor)

In accordance with article 53 of decree n°86-442 of March 14, 1986, medical fees and expenses are borne by administration's budget, so that no costs are incurred by candidates requesting for reasonable accommodation on disability ground.

This form must be completed and returned by the Certified doctor, accompanied by a bank account number for payment of fees.

**NO DIRECT REFUND WILL BE MADE TO THE CANDIDATE
THE HEALTH INSURANCE CARD SHOULD NOT BE USED**

Name and last name of candidate	Date of medical visit	Competitions /Recruitment(s) concerned
.....	■ ■ ■

Name of the Certified Doctor
Siret Number

Amount of fees
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Date:....., at

Stamp and signature of the Certified Doctor

Invoicing terms

Invoicing address:

INSERM
Human Resource Department
HR Development Department – Disability Department
101 rue de Tolbiac
75654 Paris Cedex 13

Deposit on the CHORUS PRO portal:

<https://chorus-pro.gouv.fr>

Service code: INMBPS
N° d'engagement (Purchase order): ENPRO-2024
Siret number: 180 036 048 00015