

Reasonable adjustments request form

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

This adjustment is about 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 adjustments 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 adjustments made for them up until the day before the examination.

To be eligible for special adjustments, 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" recognition)
- Those who are victims of accidents at work or occupational illnesses 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 Invalidity and War Victim's Pensions;
- The beneficiaries mentioned in articles [L. 241-3](#) and [L. 241-4](#) of the same Code;
- Beneficiaries 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](#);
- Beneficiaries of the disabled adult allowance.

Candidates who meet the conditions for special adjustments must submit the reasonable adjustments request form, together with the medical recommendation from a 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.

According to the European regulations on General Data Protection Regulation (GDPR), **the transmitted documents must not contain any kind of personal data regarding your health status** (designation of a disease, nature of a disability, diagnoses and medical history, medical treatment, referral to a specialised care facility, etc.)

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 adjustments

(To be filled by the candidate)

Contact details of the candidate:

Name, Surname	
Postal address	
Phone number	
Email address	

Concours/Recrutement(s) concerné(s) par la demande d'aménagement :

Number	Name
N°....	
N°....	
N°....	

Date: , at

Signature of the candidate

Medical recommendation

(To be filled in by the Certified Doctor)

In accordance with [article R352-1 of the General Labor Code of the Public Service](#), exceptions to the normal rules for ongoing competitions, recruitment procedures and examinations mentioned in article [L. 352-3](#) are decided by the organizing authority on the basis of the candidate's submission of a medical certificate issued by a Certified doctor in accordance with the conditions set out in [Section 1 of Chapter I of Title II of Book III](#).

In accordance with [Article 2 of the Decree of 8 July 2024](#) laying down the conditions and procedures for the use of videoconferencing for the organization of access to the Public Service, it is specified that **when the opening decree provides that the use of videoconferencing may be requested by any candidate, this request must be addressed to the organizing department within the time limits set by the decree, without the need to request an adjustment to the examination.**

Contact details of the Certified Doctor:

Name, Surname	
Postal address	
Phone number	
Email address	

Recommended arrangement:

Type of arrangement	Comments
☐ Extra trial time (<i>Precise the amount in the limit of 1/3 more of the initial time</i>)	
☐ Sign language interpret	
☐ Text transcription	
☐ Access to the premises	
☐ Others :	

Date : , at

Stamp and signature of the Certified Doctor

Fee statement

(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 adjustments 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, Surname of the candidate									
Date of the medical examination									
Competition or recruitment process identification	<table><tr><th>Number</th><th>Name</th></tr><tr><td>N°....</td><td></td></tr><tr><td>N°....</td><td></td></tr><tr><td>N°....</td><td></td></tr></table>	Number	Name	N°....		N°....		N°....	
	Number	Name							
	N°....								
	N°....								
N°....									
SIRET Number									
Fee amount									

Date:....., at

Stamp and signature of the Certified Doctor

Invoicing terms

Invoicing address:

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

Send the invoice / fee statement together with your bank details

By post

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

OR

By mail :

amenagement-concours@inserm.fr