



Form C

Special Examination Arrangements

This form, completed by the Candidate, is to be forwarded to the Examination Office, together with the Examination Entry Form [Form A] and any supporting documents by the Examination entry deadline.

Title _____ First name(s) _____ Surname _____

Date of birth ___/___/_____

Address _____

Email: _____@_____

Daytime tel: _____

Examination applied for: _____

Date of Examination: ___/___/_____

Description of disability: _____

Special arrangements requested:

Please confirm whether:

1. You can write in longhand: Yes / No
2. You can only write with the use of a computer: Yes / No
3. You have a physical or medical condition which requires special facilities or support: Yes / No

Other: _____

Supporting evidence attached: (please list documents and their date[s]):

1. _____
2. _____
3. _____
4. _____
5. _____

Signature of applicant: _____

Date: ___/___/_____

Approved on behalf of the Examination Board _____

Special arrangements: _____

On (date) ___/___/_____