



## **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) \_\_\_/\_\_\_/\_\_\_