



## Application for Access Arrangement - Physical Disability

Examination Session

Name & Surname

ID Number

Candidate Number

Examination for which the application is being submitted		
Awarding body	Subject	Subject code

Reasons for application

Access arrangement requested *(Please be specific)*

Other access arrangements already made

Medical evidence accompanies this form *(tick the appropriate box)*

 Yes No

If candidate has previously been granted access arrangements by an awarding body, please name the awarding body

\_\_\_\_\_  
Candidate's signature

\_\_\_\_\_  
Guardian's signature

*(if candidate is under 16 years of age)*