



Application for Access Arrangement - Physical Disability

Examination Session

Name & Surname

ID Number

Candidate Number

Examination for which the application is being made		
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)