GOVERNMENT OF MALTA
MINISTRY FOR EDUCATION AND SPORT
DEPARTMENT OF EXAMINATIONS

Application for Access Arrangement - Physical/Mobility 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 with a 'X' the appropriate box)* Yes No

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

Candidate's signature

Guardian's signature
(if candiate is under 16 years of age)