

For further information, please refer to the relevant exam syllabus.

**Trinity must have medical certificates to authorise special provision. Examiners are given an indication of the medical condition but no further medical details are supplied to them. Under the Data Protection Act 1998, you are not required to supply any more information than is absolutely necessary for Trinity to make a special needs provision.**

**All sections must be completed in full in English and returned to Trinity's Head Office with the enrolment for the centre.**

Candidate and centre details

Candidate name:

Subject:

Candidate number:

Grade/Level:

Centre name:

Date of exam:

Centre number:

Please give details of who we should contact if we have queries regarding this special provision request.

Contact name:

Contact email address:

Relationship of contact to candidate:

Details of condition (one or more boxes may be selected)

**Speech impairment**

Hearing impairment

Visual impairment

Dyslexia/dyspraxia

Specific learning difficulties

Physical impairment (e.g. cerebral palsy)

Emotional difficulties (e.g. bereavement)

Behavioural difficulties (e.g. ADHD)

Other

Please give details of the specific nature of the candidate's condition, detailing the severity of the disability and naming any diagnosed condition e.g. autism. Please briefly state any difficulty the candidate has because of the disability e.g. has difficulties concentrating/has to lip read.

### Details of evidence provided

Please indicate what supporting documentation is being provided. Documentation is not required if the candidate has made a Trinity special provision request in respect of the same condition within the past three years, or if your only requirement is that the examiner be briefed on the condition (without any further special provision as to how the examination should take place).

- |  |  |
|--|--|
| <input type="checkbox"/> Educational psychologist's report | <input type="checkbox"/> Medical certificate                             |
| <input type="checkbox"/> Letter from medical practitioner  | <input type="checkbox"/> <b><u>No supporting documents submitted</u></b> |

If no supporting documents are being submitted because a special provision request has been made in the last three years, please give the grade and year of the previous exam.

Previous exam grade: .....

Year of previous exam: .....

Supporting documentation that is not in English should always be accompanied by an English translation (see below). Please confirm whether a translation is being provided.

- |   |   |
|---|---|
| <input type="checkbox"/> Translation provided | <input type="checkbox"/> Translation not provided |
|---|---|

### Requirement (one or more boxes may be selected)

- |   |   |
|---|---|
| <input type="checkbox"/> <b><u>Examiner is briefed on condition</u></b> | <input type="checkbox"/> Examiner to modify speech (e.g. speak more loudly)   |
| <input type="checkbox"/> Extra time for exam                            | <input type="checkbox"/> Modified exam materials (e.g. non-visual materials)  |
| <input type="checkbox"/> Presence of carer in exam room                 | <input type="checkbox"/> Modified exam content (e.g. don't test colour lexis) |
| <input type="checkbox"/> Braille certificate provided                   | <input type="checkbox"/> Modified/enlarged print written paper                |

Details of any further requirement:

### Additional information

Please specify any additional information we need in order to accommodate the needs of the candidate.

### Data Protection

Trinity College London ("Trinity") will only use the information provided on this form or enclosed with this form in order to assess whether a candidate requires special provision on the day of the examination. If the candidate is under 16, a parent/guardian/duly authorised agent should help the candidate fill in this form. Please refer to our website <http://www.trinitycollege.co.uk/site/?id=2092> and the relevant exam syllabus for information about how Trinity will use the candidate's personal data. By signing this form, you consent to the processing of the candidate's personal data for the purposes described above.

Consent

If the candidate is under 16 years of age, this form must be signed by a parent/legal guardian of the candidate. (Please note that it is not acceptable for a teacher to sign this form on behalf of the candidate).

Signature of candidate: \_\_\_\_\_

Signature of parent/legal guardian: \_\_\_\_\_

Printed name of parent/legal guardian: \_\_\_\_\_

Relationship to candidate (e.g. parent, legal guardian, etc): \_\_\_\_\_

Date: \_\_\_\_\_

Where this form is signed by a legal guardian, please provide evidence of the relationship.\*

\* Please provide the original or certified copies of any evidence provided with this form. Any documents that we request to see that are not in English must be accompanied by a translation. We reserve the right to ask for original documents and certified translations of such documents, in which case, the translator's credentials should be provided, along with confirmation that the translation is accurate.

<i>For Trinity Head Office use only</i>	
Date request received:	Supporting documents received:
Special provision authorised:	
Authorised by:	Date:
Centre informed by:	Date:
Examiner notified by:	Date:
Examiner:	
Examiner's itinerary start date:	

This form may be used for candidates taking International ESOL (GESE, ISE or SEW) examinations.