

Common Entrance Assessment

2017/2018

ACC/17



Application for Access Arrangements

Disability

or

Language

Dear Parent/Guardian,

With the help of the **Guidance Notes (GS17 07 1)**, please provide the information requested below. The evidence you are providing to support your application should be attached to this form and returned to the AQE Office, Unit 3, Weavers Court Business Park, Belfast BT12 5GH along with your Registration Form.

Candidate Name:

Candidate Number:

(completed by AQE Office):

Assessment Centre:

(completed by AQE Office):

Reason for Access Arrangements request:

(For example candidate has dyslexia/diabetes/anxiety etc or details of the candidate's first language).

Special Access Arrangements requested:

Please state the access arrangement(s) requested in the box below *(for example '25% extra time')*.

Circumstances

Please provide a brief explanation of why you feel your child requires this/these access arrangement(s) in the box below:

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Evidence

Please list the evidence that you are providing to support this application in the box below. IF YOU REQUIRE YOUR EVIDENCE TO BE RETURNED, YOU MUST INCLUDE A STAMPED ADDRESS ENVELOPE. Evidence will be returned once the full cycle has been completed in February 2018.

Evidence Provided

Declaration

I have read the guidance notes that accompany this form and I declare that all of the information provided is correct.

I agree to co-operate with the Association for Quality Education Limited if requested to provide additional information.

I consent to the Association for Quality Education Limited making available to any post-primary school using the Common Entrance Assessment the result of this application for Access Arrangements.

Signed: _____ **Date:** _____

Please Print Name: _____