

**Common Entrance Assessment**

**2019/2020**

ACC/19



**Application for Access Arrangements**

My child has a physical, learning or medical impairment

My child's first language is neither English/Irish **and** they have spent less than three years in the U.K./Ireland before September 2019.

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Dear Parent/Guardian,

With the help of the Guidance Notes, 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 or **no later than Friday 6<sup>th</sup> September 2019.**

**Candidate Name:**

*(please print in block capitals)*

**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:

**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 2020.

| Evidence Provided |
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**Declaration**

I have read the guidance notes that accompany this form and I declare that all of the information provided is correct and I am the legal parent/guardian for the named candidate. 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:** \_\_\_\_\_