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APPLICATION FOR REASONABLE ADJUSTMENTS

This form must be completed at least 3 weeks prior to the date of the examination.

Teacher's name:

School/Academy:

Address:

.....

.....

Daytime Contact Number:

Candidate Surname: First Name:

Date of birth..... Male/Female.....

Examination to be taken:

.....

Please use the space below to inform of any potential changes required
(Please use additional sheets if necessary)

Where no changes are requested please advise of any special requirements

Where changes are required, please advise including any supporting documentation ie. Doctors letter.

TEACHER SIGNATURE:

Please note: The actual basis for marking and awarding of the examination is the same as for those without special arrangements.