

Application for permission to sit the CTA/ATT/ADIT/ACA-CTA\* examination under special arrangements

(\*please delete as applicable)

To ensure all candidates receive fair and consistent consideration, it is essential that the second page of this form be completed by a GP, consultant, or medical specialist supporting your request. Alternatively, we will accept a medical letter outlining the required details from this form or a diagnostic assessment/health report.

**Please read the guidance notes on the third page before submitting these forms and ensure that you have completed all boxes.**

|  |  |
| --- | --- |
| Surname | Forenames |
|  |  |

|  |  |
| --- | --- |
| Student Registration Number (6-digits) | Email address |
|  |  |

|  |  |
| --- | --- |
| Home address, including postcode | Work or Home telephone number, please specify: |
|  |  |

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| --- |
| Please give brief details of the reason why additional arrangements need to be made, e.g. type of injury, disability or medical condition. \*Please see overleaf for supporting documentation required. |
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| Please confirm the type of additional arrangements you require, e.g., extra time, wheelchair access, requirement to bring in / use of medical equipment and/or devices. |
|  |

Declaration

I hereby declare that the information on this application is correct.

|  |  |
| --- | --- |
| Candidate Signature | Date |
|  |  |

|  |  |
| --- | --- |
| Full Name of Student |  |
| Date of Consultation |  |

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| --- |
| This student has presented with the following condition (please provide a diagnosis if possible and indicate the type and degree of disability): |
| Since what date (please also indicate whether the level of condition is temporary or permanent): |
| Has the student received specialised assessment or treatment? (If yes, please provide further details): |

|  |
| --- |
| This condition is likely to affect his/her performance during online/digital examinations in the following way: |
| This condition is likely to affect his/her performance within a test centre sitting in the following way: |
| The following provisions would compensate him/her during examinations, (but not to the extent that other candidates would be disadvantaged), please complete the appropriate box/boxes below:    Extra Time Other – please specify    Other: |

|  |  |  |
| --- | --- | --- |
| Signature | Name | Date |
|  |  |  |

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| --- |
| In what capacity are you signing this certificate and what is your qualification? (E.g. G.P/consultant/specialist) |

Please validate this form with your official stamp or provide the address & contact details for your workplace. We may contact you to verify your statement.

**Guidance Notes for Students seeking extra time and/or alternative arrangements in the examination**

1. The Institute and the Association have discretion to allow extra time and/or alternative arrangements but only where satisfied that there are sufficient grounds.
2. Applications to sit the examinations under alternative arrangements should be made as early as possible, in order to allow time for any agreed arrangements. For long-term existing conditions any such applications should be made at the latest, six weeks prior to the exam week.
3. Medical evidence must be provided to support applications made on the grounds of illness or disability.
4. Alternative arrangement applications **must** be accompanied by independent contemporaneous medical evidence describing the nature of the condition including:
   1. A description of how the student’s examination performance might be affected e.g. by specific symptoms or by the side effects of prescribed medication.
   2. An indication of the condition’s prognosis e.g. permanent/long term and likely to affect all attempts at the examination; acute/short term and likely to affect only the next examination session(s).
   3. An indication of any alternative arrangements deemed appropriate together with evidence of any previous time allowances granted by other examining bodies, if extra time is requested.
   4. Please refer to our alternative arrangement policy & procedure when completing this form.
5. Any application that is unsupported by relevant documentary evidence, medical or otherwise, will be returned as incomplete. The Institute and Association cannot approach third parties to obtain information which may well be subject to the constraints of the Data Protection Act or the bounds placed by the Law by way of confidentiality. (However, your application may be referred, in confidence, to a relevant third party to make an appropriate decision. The information would be handled in full compliance with the Data Protection Act.)
6. You may also include any other documentation which you feel may assist your application.
7. This application should be submitted to the Education Team by email to [education@ciot.org.uk](mailto:education@ciot.org.uk) or [education@att.org.uk](mailto:education@att.org.uk)