



Application for permission to sit the  
CTA/ATT/ADIT/ACA-CTA\* examination  
under special arrangements  
(\*please delete as applicable)



In order to ensure that comparable consideration may be given to all candidates, it would be appreciated if the G.P, who is supporting your request, completes the second page of this form. **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	Email address

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

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.

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In order to assess your request for additional arrangements, you should provide information below on any arrangements made for **any** prior examinations you have sat with other professional or academic Institutes. Please include the year if possible.

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Have you previously sat the Institute's or Association's examinations?  
If so please give details in the box below.

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Declaration

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

Candidate Signature	Date

Full Name of Student	
Date of Consultation	

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 disability 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 in written examinations in the following way:

This condition is likely to affect his/her performance in online computerised examinations in the following way:

The following provisions would compensate him/her during the written examinations, (but not to the extent that other candidates would be disadvantaged), please select the appropriate box/boxes below:

Extra Time

Laptop

Double-desk

Other - please specify

Other:

Signature	Name	Date

In what capacity are you signing this certificate? (E.g. G.P/consultant)

Please validate this form with your official stamp OR state your address

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

1. The Institute and the Association have discretion to allow extra time and/or special arrangements but only where they satisfied that there are sufficient grounds.
2. Applications to sit the examinations under special 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, at the time of examination entry.
3. Medical evidence must be provided to support applications made on the grounds of illness or disability.
4. The application can be supported by a letter from your employer.
5. The application may also be supported by a letter from a tutor or tutorial body.
6. Special arrangement applications **must** be accompanied by independent contemporaneous medical evidence describing the nature of the condition including:
  - a) 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.
  - b) 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).
  - c) An indication of any special arrangements deemed appropriate together with evidence of any previous time allowances granted by other examining bodies, if extra time is requested.
7. 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.)
8. You may also include any other documentation which you feel may assist your application.
9. This application should be submitted to the Education Team by post to the address below, or by email to [education@ciot.org.uk](mailto:education@ciot.org.uk) or [education@att.org.uk](mailto:education@att.org.uk)

Chartered Institute of Taxation and Association of Taxation Technicians  
30-33 Monck Street, London SW1P 2AP