

CENTRE NUMBER AND NAME: PL _____ / _____

DATE OF EXAM (dd/mm/yyyy): _____

EXAM (please circle):

YLE	KET	KET for Schools	PET	PET for Schools	FCE
FCE for Schools	CAE	CPE	BEC	ILEC	ICFE

NAME AND FAMILY NAME: _____
 (please print)

DATE OF BIRTH (dd/mm/yyyy): _____

I would like to apply for the special arrangements because of:
 DYSLEXIA, DYSGRAPHIA or DYSORTHOGRAPHIA (25% or 50% extra time for the written parts of the examination depending on the information in the report). I attach a report provided by a fully qualified educational, clinical or chartered psychologist which meets the requirements of the Cambridge Exams Regulations.

 OTHER HEALTH PROBLEMS (short description): _____

I REQUEST THE FOLLOWING ARRANGEMENTS*:**

Relevant medical certificates attached.

***Special arrangements will be awarded provided the centre is able to provide appropriate administrative arrangements.

To be filled in by the examination centre: CANDIDATE NUMBER _____

Personal data containing information regarding health conditions is under special protection as a consequence of the Polish Data Protection Act dated 29 August 1997 (Dziennik Ustaw 1997 Nr 133, 883 with later changes). The information will not be used to discriminate against you in any way. By signing this form you consent to our processing your personal data for the purposes of Cambridge examinations administration in accordance with the Data Protection Act. Your personal data will be passed to the Cambridge English Language Assessment for the purposes stated above. Your approval is voluntary. You have a right to review and change any personal information we hold on you.

I have read the above information, I would like to apply for special arrangements and consent to my personal data being processed for the purposes and under conditions stated above.

Name and family name	Signature
Date	

The Examination Centre will apply to Cambridge English Language Assessment for special arrangements on the basis of the documents provided by the candidate.