

CENTRE NAME: _____

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

EXAM (please circle):

BMAT	CAT	ELAT	HAT	IMAT
MAT	MLAT	OLAT	PAT	STEP
TSA	University of London	Pearson Edexcel	Cambridge International Examinations	

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. I attach a report provided by a fully qualified educational, clinical or chartered psychologist which meets the requirements of the University and Professional Examinations 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 satisfy candidate's request.

To be filled in by the examination centre:

Documents checked and application received by _____
signature of the exam centre staff

The Examination Centre will apply to appropriate examination board for special arrangements on the basis of the documents provided by the candidate.

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 administration of school, university and vocational examinations in accordance with the Data Protection Act. Your personal data will be passed to the appropriate examination board managing the exam you are registering for (its name stated above in the "Exam" table) 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 request for special arrangements and consent to my personal data being processed for the purposes and under conditions stated above.

Name and family name	
Date	Signature