Request for special needs provision

For further information, please refer to www.trinitycollege.com

All sections must be completed in English. Please send this form with the paper entry form or, in the case of online entries, post it to Trinity College London, Blue Fin Building, 110 Southwark Street, London SE1 0TA.

Candidate and centre details

Candidate name: ____________________________ Centre name: ____________________________

Candidate number: ____________________________ Centre number: ____________________________

Grade/Level: ____________________________ Date of exam: ____________________________

Subject (for Voice/Vocals, specify voice type): ____________________________

Online entry reference (if relevant): ____________________________

Requirement (at least one box must be ticked)

☐ Modified and Enlarged Print sight reading/Playback test
☐ Enlarged Print sight reading/Playback test
☐ Modified/enlarged test on low contrast pink paper (or other colour, please specify below)
☐ Aural Awareness test (for hearing impaired candidates)
☐ Braille sight reading/Playback test
☐ Memory test to replace sight reading (for blind or visually impaired candidates)
☐ Braille certificate overlay provided
☐ Extra time for sight reading/Playback
☐ Extra time for written (theory) exams
☐ Extra time allowed for practical exams
☐ Examiner is briefed on condition (please provide information below)
☐ Other (please specify below)

Details of requirement or of any further requirements:

Details of condition (one or more boxes may be selected)

☐ Hearing loss – profoundly deaf
☐ Hearing loss – hearing impaired
☐ Visual impairment – blindness
☐ Visual impairment – partial sight
☐ Physical impairment (e.g. cerebral palsy, limb deformities, etc.)
☐ Asthma/Eczema (please specify below)
☐ Epilepsy
☐ Muscular dystrophy
☐ Learning difficulties (please specify below)
☐ Autism
☐ Asperger syndrome
☐ Emotional or behavioural difficulties (please specify below)
☐ Dyslexia/Dyspraxia (please specify below)
☐ Other (please specify below)

Details of condition:

This form may be used for Music or Drama & Performance candidates taking practical or written (theory) exams.

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Details of evidence provided (needed if no other Trinity special needs exam request made within the last 3 years)*

☐ Psychologist’s report  ☐ Registered Blind Person’s Certificate
☐ Registered teacher’s report  ☐ Letter from Medical Practitioner
☐ Statement of Special Educational Needs  ☐ Other (please specify):

Supporting documentation that is not in English should always be accompanied by an English translation. Please confirm that a translation is being provided.

☐ Translation provided

If a special educational needs request has been made in the last three years (and therefore no supporting documents are being submitted this time) please give the Candidate ID number, or month and year of the previous exam.

Candidate ID no:                        Month and year of previous exam:

Additional information

Data protection

Trinity will treat the information provided in confidence, and will use it in order to assess whether the candidate requires a special educational provision in their chosen Trinity examination(s). If the special educational needs provision is granted, Trinity will only communicate details to others as may be necessary for the candidate to take the exam(s) accordingly. If the candidate is less than 16 years old at the time this application is made, the candidate’s parent, guardian, or authorised agent must evidence their consent to the disclosure of the information stated in this form and in accompanying documents (as required below). Please refer to our website www.trinitycollege.com for general information as to how Trinity uses candidates’ personal data.

If you are under 16, a parent/guardian/duly authorised agent should help you complete this form and should sign on your behalf below. By signing this form, you consent to the processing of your/the candidate’s personal data for the purposes described above.

Signature of candidate/parent/guardian/duly authorised agent (delete as appropriate):

________________________________________________________________________

Printed name:

________________________________________________________________________

Relationship to candidate (e.g. parent, guardian, etc.):

________________________________________________________________________

Date:

________________________________________________________________________

Where this form is signed by a legal guardian, please provide evidence of the relationship.*

* Please provide the original or certified copies of any evidence with this form. Any documents that we request to see that are not in English must be accompanied by a translation. The translator’s credentials should be provided, along with confirmation that the translation is accurate. We reserve the right to ask for original documents.