

For further information, please refer to [www.trinitycollege.com](http://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)**

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

Details of requirement or of any further requirements:

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

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

Details of condition:

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> Psychologist's report                  | <input type="checkbox"/> Registered Blind Person's Certificate |
| <input type="checkbox"/> Registered teacher's report            | <input type="checkbox"/> Letter from Medical Practitioner      |
| <input type="checkbox"/> Statement of Special Educational Needs | <input type="checkbox"/> 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](http://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.

For Trinity's London office use only

Date received: \_\_\_\_\_