TRINITY COLLEGE LONDON

Request for special needs provision (Language)

For **English Language** exams and **TESOL** exams
(paper-based, face-to-face and video conference delivery)

Please send completed forms to: trinity.csn@trinitycollege.co.uk or to your local Centre Representative at least 28 days before the exam. All sections must be completed in English.

Candidate name:			
Candidate number (if known):		Centre number (if known):	
Centre name:		Date of exam:	
Exam:		Grade/Level:	
Contact name:			
Contact email:			

Requested adjustment (at least one box must be selected)

☐	**Extra time allowed for Speaking/ Listening exam*** (Usually up to 25%. Please contact trinity.csn@trinitycollege.com if over 25% is required)	☐	Enlarged Print written paper (A3 size)
☐	**Extra time allowed for Reading/ Writing exam*** (Usually up to 25%. Please contact trinity.csn@trinitycollege.com if over 25% is required)	☐	Written paper printed on coloured paper (Please specify colour in the space provided below)
☐	**Supervised rest breaks*** (Please specify number and duration of breaks requested)	☐	Braille written paper
☐	**Use of a word processor*** (Spelling and grammar functions turned off)	☐	Braille certificate overlay provided
☐	**Listening test to be read aloud by examiner*** (ISE only, candidates with hearing loss who need to lipread)	☐	Examiner informed (Speaking and Listening exams only. Please provide details below)
***Supporting evidence required**		☐	Other (Please provide information in the space provided below)

Additional details (information provided may be shared with the examiner and/or centre staff):

Details of condition (at least one box must be selected)

☐	Autistic Spectrum Disorder	☐	Social, Emotional and Mental Health needs
☐	Specific Learning difficulty (including dyslexia, dyspraxia, ADHD)	☐	Speech, Language and Communications needs
☐	Hearing Impairment	☐	Physical Disability
☐	Visual Impairment	☐	Temporary Physical Impairment/Injury
☐	Long Term Health condition	☐	Other (please give details below)

Additional details (information provided may be shared with the examiner and/or centre staff):

Supporting evidence

Supporting evidence is required for any adjustments which could potentially give candidates an unfair advantage, or which alter content of the exam. Please refer to 'Requested adjustments' section to see which adjustments supporting evidence is required for (listed in bold text). Documents should be sent to **trinity.csn@trinitycollege.com** along with this form.

Any documents that are not in English must be accompanied by a translation. We reserve the right to ask for original documents and/or additional documentation.

Please indicate type of evidence supplied (if applicable):

☐	Psychologist's report	☐	Letter from Medical Practitioner
☐	Registered teacher/Assessor report	☐	School/college support plan
☐	EHCP/SEN Statement	☐	Other (please specify):

Trinity will retain supporting evidence for 3 years, during which time it does not need to be resubmitted. If supporting evidence has been submitted within the last three years please give the Candidate ID number, or month and year of the previous exam.

Candidate ID number: **Month and year of previous exam:**

Data Protection (must be completed)

Trinity College London is the data controller and responsible for the candidate's personal information provided to us in relation to this form. We will use the personal information in relation to the candidate's health that is provided to us in connection with this form in order to assess whether the candidate requires special needs adjustments to their exam and to answer any queries that the candidate or, where the candidate is under 18 years of age, the candidate's parent or legal guardian, or a person acting on their behalf with their permission, may raise with us. If the adjustment is granted, we may share some of the details, as necessary, with the relevant examiners, representatives and/or the registered exam centre associated with the candidate's exam to facilitate the reasonable adjustments being made. Please see our **Data Protection Policy** and our **privacy statement for exam candidates** for more information as to how Trinity uses and shares candidates' personal data.

You have the right to withdraw your consent to our use of your/the candidate's personal information at any time by contacting our Data Protection Officer at **dpo@trinitycollege.com** and the personal information in relation to your/the candidate's health will then not be used by us. This will not affect the lawfulness of any processing carried out by Trinity before you withdraw your consent.

Please tick the box below to confirm that you consent to our collection and use of your or (where the candidate is under 18 years) the candidate's personal information in relation to health in the manner as set out in this form.

For a candidate who is 18 years or older:

☐ **I consent to Trinity College London collecting and using personal information in relation to my health in accordance with and for the purposes set out in this form.**

Date:

Signature:

For a candidate who is under 18 years, the candidate's parent or legal guardian should complete this section:

☐ **I confirm that I am the candidate's parent or legal guardian.**

☐ **I consent to Trinity College London collecting and using the candidate's personal information in relation to their health in accordance with and for the purposes set out in this form.**

Name of parent/guardian: **Date:**

Signature: