

APPLICATION FOR DISABILITY PROVISIONS - Year 12

Student's name		Year group	
Date of application		Student ID Number	
DIFFICULTY OR DISABILITY			
What provisions do you think you will require?			
IMPACT OF DIFFICULTY OR DISABILITY			
Describe how the condition impacts on your ability to access examinations in the regular setting.			
If approved, how will the provisions applied for assist you in the examinations?			
Student's signature: _____			
Parent/Carer's signature: _____			
OFFICE USE ONLY:			
Date received:		LSC Signature:	