



Access Arrangements Application Form

Please complete this form and return it to *Glossomatheia Learning & Assessment*, accompanied by appropriate official documentation.

Candidate Information

Complete details in CAPITAL LETTERS. Write your name exactly as it appears on your identity card, passport, or birth certificate.

First Name: _____ Father's Name: _____

Family Name: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Address: _____

Postcode: _____ Town: _____

Telephone: _____ Email Address: _____

Examination Information

Examination: _____ Date of Examination: _____

Previous Exam Arrangements (if applicable)

Have you previously received access arrangements? ☐ Yes ☐ No

If yes, please provide your **UCI** number: _____

Reason for Access Arrangements

Please select which applies:

- | | |
|---|---|
| ☐ Specific Learning Difficulties | ☐ Visual impairment |
| ☐ Hearing impairment | ☐ Speech impairment |
| ☐ Physical / motor difficulty | ☐ Medical condition (temporary or long-term) |
| ☐ Other (please describe): _____ | |

Supporting Documentation Requirements

The supporting documentation must:

- Be an original letter or report on headed paper, dated and signed
- Include your full name and date of birth
- Include the name, qualifications, and signature of a recognised professional
- State the medical name and severity of the condition
- Explain why access arrangements are required
- Be written in English or accompanied by a summary/translation in English

Additional Criteria for candidates with Specific Learning Difficulties:

- Report should be from age 13 or older; earlier reports may be accepted
- Must confirm recognised tests were used and list the tests

Declaration

I confirm that:

- The information provided is accurate and complete.
- I understand that the Centre will determine appropriate access arrangements based on the documentation provided and in accordance with Cambridge regulations.
- I understand that incomplete or late applications may not be processed.

Candidate's Name: _____ Signature: _____

Date: _____

(For candidates under 18 years of age)

Parent/Legal Guardian's Name: _____

Signature: _____