## amebnsw

## Application for Special Provisions

## CANDIDATE DETAILS

Candidate Name:	Candidate Number:
Date of Birth:	
Subject and Grade:	
Condition requiring provisions:  Visual impairment  Mobility issue  Dyslexia Other:	<ul><li>☐ Hearing impairment</li><li>☐ Psychiatric disability</li><li>☐ Autism Spectrum Disorder</li></ul>
	attached to this application (eg vision report, auditory report, detailed at of the candidate's condition or disability. Documentation verifying the ay also be submitted.
only, or a request for the adjustment of the exam format.  INFORMATION ONLY:	that this candidate requires. This may involve information for the examiner
	er grade aural tests ade sight reading
<ul> <li>being tested by the exam.</li> <li>Access arrangements are intended to increase access to as mance of the skills that are an objective of the exam.</li> <li>The same academic standards must be applied to all candi academic rigour of the exam and the integrity of the creden</li> <li>Adjustments and access arrangements must not confer an confer an unfair advantage an alternative adjustment may be</li> </ul>	itate access rather than remove the requirement to demonstrate a skill assessments but cannot be granted where they will directly affect perforidates. Any adjustments or access arrangements made must maintain the nitial.  advantage on the candidate. If a required adjustment is considered to be offered depending on the circumstances. The nature of an adjustment of AMEB (NSW). The principle of non-discrimination must be balanced
Signature of Teacher/Enroller:	Date: /
Signature of Candidate/Parent/Guardian :	Date: /
Please return the completed form by post or email	