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| IFOA_logo_ | **Application for access arrangements** |
|  |
| ***Please complete and return this form to****:* **Email:** **examsupport@actuaries.org.uk** |
| **Please submit an application form before the applicable closing date for every session where access arrangements are required.** This form must be returned by 17.00 (UK time) on the exam entry closing date. |
|  |
| **Personal details** |
| **Name (BLOCK CAPITALS)** |  | **ARN** |  |
| **Email** |  | **Telephone** |  |
|  |
| **Exam entry details** |
| **Exam subject(s)** |  |
|  |
| **Access arrangement requirements** |
| **New application** | **□** | **Previously granted** | **□** | **Reason for request** (i.e. Dyslexia, broken wrist, religious observance) |
| **Arrangements required** (as recommended by supporting documentation) | **Extra time /****Rest Breaks**  | **□** | **Use of** **Services or** **Equipment** | **□** | **Permission****to handwrite** | **□** | **Sit at****alternativedate/time** |  **□** |
| **Your Requirements –** please outline the access requirements you are seeking to be implemented, as corroborated by your supporting documentation.  |
| **Additional Comments**  |
| **Supporting documentation attached** | Yes **□** | **If not, please advise of** **date supplied** |  |
| **Type supporting documentation** (e.g. medical report, doctor’s note, letter from religious leader) |  |
| **Date of supporting documentation** |  |
| **Signature** |  | **Date** |  |