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| IFOA_logo_ | | | | | | | | | **Application for access arrangements** | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Please complete and return this form to****:*  **Email:** [**examsupport@actuaries.org.uk**](mailto: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. | | | | | | | | | | | | | | | | | | | |
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| **Personal details** | | | | | | | | | | | | | | | | | | | |
| **Name (BLOCK CAPITALS)** | | | |  | | | | | | | | | **ARN** | | |  | | | |
| **Email** |  | | | | | | | | | | **Telephone** | |  | | | | | | |
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| **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**  **alternative date/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** | | | | | | | |  | | | | |