

## Request for special needs provision (Drama & Speech- NON EEA)

For further information and guidance, please refer to [www.trinitycollege.com/radrama](http://www.trinitycollege.com/radrama)

**All sections must be completed in English. Please send this form to: [trinity.csn@trinitycollege.co.uk](mailto:trinity.csn@trinitycollege.co.uk), or post it to: FAO. Emily Davis-James, Trinity College London, Blue Fin Building, 110 Southwark Street, London SE1 0TA.**

This form may be used for all **Drama and Speech** candidates taking **practical** or **theory** exams.

### Candidate and centre details

Candidate name:	
Candidate number:	Centre number:
Centre name:	Subject:
Date of exam:	Grade/Level:
Contact Name:	
Contact email:	

### Requested adjustment (at least one box must be ticked)

<input type="checkbox"/>	<b>Extra time allowed for practical exam</b>	<input type="checkbox"/>	Modified/ Enlarged/ coloured Written (theory) paper (please specify)
<input type="checkbox"/>	<b>Extra time for sight reading</b> (or other unprepared test- please specify test)	<input type="checkbox"/>	Braille test (please specify test)
<input type="checkbox"/>	<b>Extra time for written (theory) exams</b>	<input type="checkbox"/>	Braille certificate overlay provided
<input type="checkbox"/>	Enlarged Print test (please specify test)	<input type="checkbox"/>	Examiner is briefed on condition (please provide information)
<input type="checkbox"/>	Test on coloured paper (please specify test /colour)	<input type="checkbox"/>	Other (please specify)

**BOLD:** Supporting evidence required

Additional details:

### Details of condition (one or more boxes may be selected)

<input type="checkbox"/>	Autistic Spectrum Condition	<input type="checkbox"/>	Social, emotional or mental health needs
<input type="checkbox"/>	Specific Learning difficulty (including dyslexia, dyspraxia, ADD)	<input type="checkbox"/>	Speech, language and communications needs
<input type="checkbox"/>	Moderate/ Severe Learning Difficulty	<input type="checkbox"/>	Physical disability
<input type="checkbox"/>	Sight loss / blindness	<input type="checkbox"/>	Long term health condition
<input type="checkbox"/>	Hearing loss /deafness	<input type="checkbox"/>	Other (please give details)

Additional details:

**Supporting evidence (if required, and not previously submitted in the last 3 years) \***

- |  |   |
|--|---|
| <input type="checkbox"/> Psychologist's report               | <input type="checkbox"/> Letter from Medical Practitioner |
| <input type="checkbox"/> Registered teacher/ Assessor report | <input type="checkbox"/> Other (please specify):          |
| <input type="checkbox"/> SEN Statement /EHCP                 | _____   |

**Supporting documentation that is not in English should always be accompanied by an English translation. \***

If supporting documents have been submitted within the last three years please give the Candidate ID number, or month and year of the previous exam.

Candidate ID no: \_\_\_\_\_ Month and year of previous exam: \_\_\_\_\_

\* Please provide the original or certified copies of any evidence with this form. Any documents that are not in English must be accompanied by a translation. We reserve the right to ask for original documents.

**Data protection (must be completed)**

We will treat the information provided in confidence and will use it in order to assess whether the candidate requires special needs adjustments to their exam. If the adjustment is granted, we may share some of the details, as necessary, with the exam centres and our delivery partners in your locality in order to make reasonable adjustments accordingly. Please see [www.trinitycollege.com/data-protection](http://www.trinitycollege.com/data-protection) for more information as to how Trinity uses and shares candidates' personal data.

### **Candidates and Applicants based outside the EEA**

As part of our data protection obligations, we need to ensure that when we send personal data outside the EEA we need to do so on the basis of your explicit consent, or by putting in place other measures to ensure your information is protected. This is because the laws outside the EEA may not afford the same level of security and protection.

- I consent / have obtained consent to the transfer of personal data from Trinity to the local area representative / exam centre based in the candidate's locality**

**If the candidate is under 16, a parent/guardian/duly authorised agent must complete this section.**

- I am the candidate's parent / guardian, and I consent to the processing of their personal data for the purposes described above.**
- I am a duly authorised agent, and have obtained the consent of the candidate's parent / guardian for the processing of their personal data for the purposes described above.**

Name of parent/guardian/duly authorised agent:

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Relationship to candidate (e.g. parent, teacher etc.):

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Date:

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