

## **Application for Access Arrangements**

Please read the notes overleaf before completing this form. If necessary, additional sheets may be attached to this form. This form must be accompanied by psychological assessment or medical report.

| report.                              |     |                   |                       |   |                                     |  |     | _  |         |                    |   |
|--------------------------------------|-----|-------------------|-----------------------|---|-------------------------------------|--|-----|--|---------|--------------------|---|
| 1. Examination (PSLE, JCE or         |     |                   |                       |   | BGCSE)                              |  |     |  | Year    |                    |   |
| 2. Candidat                          | e l | Details           |                       |   |                                     |  |     |  |         |                    |   |
| Centre Num                           | r   |                   | ] c                   | entre Name [  |                                     |  |     |  |         |                    |   |
| Candidate Number                     |     |                   |                       | ] c   | andidate Name                       |  |     |  |         |                    |   |
| 3. Special N                         | lee | eds Type          | (tick w               | here  | appropri                            | ate)   |     |  |         |                    |   |
| Visual impairment                    |     |                   | Hearing<br>impairment |   |                                     | Learning Disability (Please specify type of learning disability) |     |  | -       | M                  | edical Condition  |
| Low Vision                           |     | Deaf              |                       |   | isag alsasy,                        |  |     |  | Pł      | nysical disability |   |
| Blind                                |     |                   | Hard of Hearing       |   |                                     |  |     |  |         | Ot                 | ther (Please specify)   |
| Separate Room Modified Papers Reader |     | Preferen Oral Res | tial Sitting          |   | Enlarge  Braille  Sign lar Interpre | ed Print   |     | Practical Assistant Prompter Scribe/Writer |         | Sp<br>Co<br>co     | extra-time (Please Decify)% Coloured Paper (Specify Dolour) Ssistive Technology Device(s) |
| Other arrangers Is supporting Yes    |     |                   |                       | NB. Applications for scribe/Oral responses must be recorded |                                     |  |     |  |         |                    |   |
| 5. List Sylla                        | ıbı | uses for v        | which a               | pplic   | ation is k                          | peing m  | ade | (includ                                    | e optio | ons a              | at JCE or BGCSE)  |
| 1.                                   |     |                   |                       | 4.  |                                     |  |     |  | 7.      |                    |   |
| 2.<br>3.                             |     |                   |                       | 5.<br>6.  |                                     |  |     | 8.<br>9.                                   |         |                    |   |
| Name of Applicant Head of Centre     |     |                   |                       |   |                                     | Designation Signature  |     |  |         |                    |   |
| Date                                 |     |                   |                       |   |                                     |  |     | 」<br>│ Tel/Cell no.                        |         |                    |   |
| Fax Number                           |     |                   |                       |   |                                     |  |     |  |         |                    |   |



## **Application for Access Arrangements**

## **Notes**

- 1 This form should be used when making applications for Access Arrangements in advance for candidates who have permanent special needs (eg blind, hearing impaired) or for candidates who have a temporary disability (eg a broken arm). If a candidate is disadvantaged at the time of an examination (eg due to illness, bereavement, etc), an application should be made for Special Consideration. Applications for Special Consideration are made immediately after the examination.
- 2 Applications for Access Arrangements for candidates with permanent special needs should be made when the candidate is entered for the examination.
- 3 Provide details of the qualification (PSLE, JCE or BGCSE), the year and details of the candidate by completing sections 1 and 2 of the form.
- 4 The Access Arrangements being requested should be specified in section 3. The arrangements requested for will normally correspond to the statements included in support of the application.
- 5 The nature of the special needs should be described in section 4. Applications on behalf of candidates with long term special needs should be accompanied by supporting evidence in the form of statements from a registered medical practitioner and/or from the Special Education Department of the Ministry of Education and Skills Development.
- 6 Details of the syllabuses (and options if applicable) for which the candidate has been entered should be listed in section 5.
- 7 The signature of the Head of Centre will be taken to indicate that the application has his/her full support.
- 8 Once a completed form is received, BEC will provide a written response which will confirm the Access Arrangements that can be made. Heads of Centres should note that no Access Arrangements may be made unless BEC has approved requests in writing.

Once completed, this form should be sent by mail or fax to:

The Executive Secretary, Botswana Examinations Council, Private Bag 0070, Gaborone.

Tel: 3650700

Fax 3938257 / 3164203