

Access Arrangements and Special Considerations

We can provide support to students with disabilities, special educational needs, or temporary injuries in their exams. To apply for these access arrangements, you must be assessed by us.

To refer yourself to us please complete a self-referral form, attached to this Policy.

If you are in any doubt on what to do please speak to our Centre Manager.

We will assess you to ensure that you are entitled to access arrangements. Access arrangements can only be applied for if the arrangements are your 'normal way of working', or if you have had an unexpected injury that will impact how you take an exam. For example, if you are applying for the use of a word processor in exams, we must have evidence that you use a word processor to complete work normally, and that not using a word processor for an exam will substantially disadvantage you.

Access arrangements you are entitled to will be written on your individual learning plan. Separate exam rooms for access arrangements will be found on the day of the exam. If you believe you are entitled to access arrangements that are not shown, contact the Centre Manager immediately.

Access Arrangements Deadline

You must make us aware as soon as possible of any arrangements you may require as there is a strict deadline, set by the awarding organisations, to when access arrangements can be applied for. You may not receive any access arrangements if you apply to us after this deadline.

If you suffer from an unexpected injury, which may impact your performance in exams, please contact us immediately.

Special Consideration

If you feel you have been disadvantaged during your exam due to unavoidable exceptional circumstances beyond your control, please contact us as soon as possible after your exam. Evidence is required and you must contact us within seven days of the exam. Requests made after this may not be accepted.

**Learning Support Referral and Information Sharing Agreement
(Large print and alternative format versions available on request)**

*Please fill in this form if you think you need support while you are with us.
Then tick any of the boxes that apply to you. Ask a member of staff or your family if you need help to do this. After you have filled in the form return it to us.*

Student Name _____

Date of Birth _____ Student Ref Number _____

Contact Number/Email address _____

Course Title _____

Referred by (please tick)

1. Self

2. Internal Referrals (with permission of student)

Staff Name _____ Contact Details _____

3. External Referrals (with permission of student/applicant)

Name _____ Contact Details _____

Please tell us why you need support. Tick all that apply to you.

- | | |
|-----------------------------------|---------------------------------|
| Dyslexia | Dyscalculia |
| Learning Impairment | Visual Impairment |
| Moderate Learning Difficulty | Severe Learning Difficulty |
| Social and Emotional Difficulties | Mental Health Issues |
| Mobility Difficulty | Physical Disability |
| Profound complex disabilities | Speech Language & Communication |
| Autism Spectrum Disorder | Asperger's syndrome |

Other - please provide further information:

Please add any other information you think may be helpful (including if you previously received support or exam arrangements):

Learning Support – Information Sharing Agreement

To give you the best possible support, we need to share the information about your support needs (including Education Health & Care Plan / My Support Plan) with other colleagues.

By signing this form, you give your consent that any details held by US about your support needs can be passed onto:

Course Tutors / Progress Tutor, Exams Office (including Examination Award Bodies), Carer, External Support Agencies.

You can ask us to change the details regarding who we share your information with at any time.

NB - All information held is in accordance with the Data Protection Act.

Student Signature _____ Date _____