

REQUEST for ACCOMMODATION in WRITING NBT

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Surname

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First name

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SAID Number

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Country of Citizenship if not South African

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Passport Number (If not SA citizen,)

Parent/Guardian Telephone/Cell
Applicant TelephoneNumber (Cell)

Requested Test Site	
Requested Test Date	

ACCOMMODATION REQUESTED:

AQL only AQL and Maths ENG Or: AFR

Disability on which request is based	
Blind	
Can you read Braille?	<input type="checkbox"/>
Other Requirements:	
Visually Impaired	
Do you require an enlarged question paper?	<input type="checkbox"/>
Other requirements:	
ADHD/ADD?	
HEARING IMPAIRMENT	
Other requirements:	
Mobility/Physically Impaired	
Are any special furniture accommodations required?	<input type="checkbox"/>
Other requirements:	
Learning Disability	
Dyslexia	<input type="checkbox"/>
Do you require extra time?	<input type="checkbox"/>
How much extra time is required?	
Do you require a Scribe? <input type="checkbox"/>	Do you require a Reader? <input type="checkbox"/>
<p>Surname: _____ First Name: _____</p> <p>E-Mail: _____</p> <p>Signature: _____ Date: _____</p>	

Submit by e-mail with supporting medical documents to: juandre.alard@uct.ac.za.