

Request for special needs provision (Music)

For **Music** and **Rock & Pop** candidates taking **face-to-face practical** or **Music Theory** exams

Please send completed forms to: trinity.csn@trinitycollege.co.uk or to your local Centre Representative. All sections must be completed in English.

Candidate name:			
Candidate number (if known):		Centre number (if known):	
Centre name:		Date of exam:	
Instrument/Exam:		Grade/Level:	
Contact Name:			
Contact email:			

Requested adjustment (at least one box must be selected)

	Extra time allowed for practical exam		Aural Awareness test* (See notes below)
	Extra time for sight reading (Or other unprepared test - please specify which test in the space provided below)		Memory test** (See notes below)
	Extra time for written (theory) exams		Braille sight reading/Playback test
	Enlarged Print test (Please specify test required in the space provided below)		Braille certificate overlay provided
	Test on coloured paper (Please specify test and colour required in the space provided below)		Examiner informed (Further information must be provided in space provided below)
	Modified Stave Notation test (Please specify test and requirements for modification in the space provided below)		Other (Please provide information in the space provided below)
	Modified/Enlarged/coloured Written (theory) paper (Please give details of requirements in the space provided below)		

NOTES

Requested adjustments listed in BOLD: Supporting evidence required

***Aural Awareness test:** alternative to aural test for candidates with hearing impairments (please see website for details)

****Memory test:** alternative to sight reading test for candidates with visual impairments (please see website for details)

Additional details (information provided may be shared with the examiner and/or centre staff):

Details of condition (at least one box must be selected)

	Autistic Spectrum Disorder		Social, Emotional and Mental Health needs
	Specific Learning difficulty (including dyslexia, dyspraxia, ADHD)		Speech, Language and Communications needs
	Hearing Impairment		Physical Disability
	Visual Impairment		Temporary Physical Impairment/Injury
	Long Term Health condition		Other (please give details below)

Additional details (information provided may be shared with the examiner and/or centre staff):

Supporting evidence

Supporting evidence is required for any adjustments which could potentially give candidates an unfair advantage, or which alter content of the exam. Please refer to 'Requested adjustments' section to see which adjustments supporting evidence is required for (listed in bold text). Documents should be sent to trinity.csn@trinitycollege.com along 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 and/or additional documentation.

Please indicate type of evidence supplied (if applicable):

	Psychologist's report		Letter from Medical Practitioner
	Registered teacher/Assessor report		School/college support plan
	EHCP/SEN Statement		Other (please specify):

Trinity will retain supporting evidence for 3 years, during which time it does not need to be resubmitted. If supporting evidence has been submitted within the last three years please give the Candidate ID number, or month and year of the previous exam.

Candidate ID number:

Month and year of previous exam:

Data Protection (must be completed)

Trinity College London is the data controller and responsible for the candidate's personal information provided to us in relation to this form. We will use the personal information in relation to the candidate's health that is provided to us in connection with this form 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 relevant examiners, representatives and/or the registered exam centre associated with the candidate's exam to facilitate the reasonable adjustments being made. Please see our [Data Protection Policy](#) and our [privacy statement for exam candidates](#) for more information as to how Trinity uses and shares candidates' personal data.

You have the right to withdraw your consent to our use of your/the candidate's personal information at any time by contacting our Data Protection Officer at dpo@trinitycollege.com and the personal information in relation to your/the candidate's health will then not be used by us. This will not affect the lawfulness of any processing carried out by Trinity before you withdraw your consent.

Please tick the box below to confirm that you consent to our collection and use of your or (where the candidate is under 18 years) the candidate's personal information in relation to health in the manner as set out in this form.

For a candidate who is 18 years or older:

I consent to Trinity College London collecting and using personal information in relation to my health in accordance with and for the purposes set out in this form.

Date:

Signature:

For a candidate who is under 18 years, the candidate's parent or legal guardian should complete this section:

I confirm that I am the candidate's parent or legal guardian.

I consent to Trinity College London collecting and using the candidate's personal information in relation to their health in accordance with and for the purposes set out in this form.

Name of parent/guardian:

Date:

Signature: