

Form D: Application Form for Candidates who are Hearing Impaired



Please Note

This application Form should be filled by the relevant professional and should be attached to Form A before submission. **An audiogram is to be submitted.**

Candidate's Details

ID Number _____ Date of Birth _____

Last Name _____ First Name _____

Diagnosis of Loss _____

Did the candidate sit for any SEC exams previously? Yes No

Please give details if previous examination access arrangements were granted by the ADSC:

Author of this report

Last Name _____ First Name _____

Qualifications: _____

Teacher of the Deaf Report:

I declare that the contents of this report are accurate:

Date: _____ Signature _____

Examination Access Arrangements Requested

Room with fewer candidates Extra time Live Speaker

Seating in front during Listening Comprehension Hearing aid speaker

Other, please specify: _____