



## Application Form- Assessment Access Arrangements

**Students must complete and submit this application form by the deadlines published on the ADSU webpage or as advised**

### Student's Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID Card No: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Locality: \_\_\_\_\_ Candidate's Contact No: \_\_\_\_\_

Other Contact No: \_\_\_\_\_ EU Disability Card No. (optional): \_\_\_\_\_

Email: \_\_\_\_\_

Course of study: \_\_\_\_\_

Faculty: \_\_\_\_\_

Year of commencement of course: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Full-Time: \_\_\_\_\_

Have you ever requested access arrangements (AAs) before? \_\_\_\_\_

If yes, what AAs did you qualify for: \_\_\_\_\_

### Evidence / Reports

Please mark the evidence / reports attached with this form. Kindly ensure that reports satisfy requirements set in "The University of Malta Access Arrangements, 2018).

Psychologist's Report	
Psychiatrist's Report	
Relevant Consultant's Report	
Ophthalmologist's Report	
Audiologist's Report & Audiogram	
Rheumatologist's Report	
Occupational Therapist's Report	
Neurologist's Report	
ADSC/MATSEC access arrangements letter	
Speech Language Pathologist's Report	
Other	

Access Arrangement	Required (Please tick where appropriate)	Access Arrangements already given previously	Approved by ADSC
Extra Time which may be used as supervised rest periods/settling down period			
Alternative accommodation/ venue away from centre			
Venue with fewer students			
Venue alone			
Enlarged Question Paper A4 to A3			
Practical Assistant			
Scribe / Amanuensis			
Voice activated computer			
Use of a word processor			
Use of a word processor with spell check on (not applicable for language-based exams or exams in Maltese)			
First Aider on call			
Scripts and exam papers to be taken apart			
Permission to use toilet frequently			
Permission to eat/drink			
Permission to keep hand towel			
Other:			

### Data Protection and Confidentiality

I, the undersigned, have read and understood the ADSU's Data Protection and Confidentiality Statement (<https://www.um.edu.mt/access>), and agree that, in accordance with such Statement:

- (i) UM employees and third parties who are responsible for effecting access arrangements and enabling the provision of the service are informed about my **access arrangements**.

*I understand that this is required for the provision of the service.*

Yes \_\_\_\_ No \_\_\_\_

- (ii) The UM employees and third parties mentioned in (i) are also informed about my **condition/diagnosis**. Yes \_\_\_\_ No \_\_\_\_

Name & Surname: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_