

ENTRY FORM FOR SPECIAL NEEDS CANDIDATES

NAME OF CANDIDATE

NAME & ADDRESS OF PARENT

.....

Telephone.....

NAME & ADDRESS OF TEACHER

.....

Telephone.....

THIS FORM SHOULD BE ACCOMPANIED BY A LETTER OUTLINING THE CANDIDATE'S PARTICULAR NEED/DISABILITY FROM ANY OF THE FOLLOWING: ***PSYCHOLOGIST, SPECIAL NEEDS TEACHER, SCHOOL PRINCIPAL OR PRIMARY SCHOOL CLASS TEACHER***

1. Please specify category of Special Need (there is space at the end of this form for a more detailed description if necessary):

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2. If required, it is possible to specify the order in which the candidate wishes to take the different parts of the exam (eg (1) Pieces; (2) Scales; (3) Theory etc):

3. Does candidate wish to avail of enlarged Sight Reading?

YES / NO

4. Does candidate need wheelchair access?

YES / NO

5. Does candidate require parent or carer to be present during exam?

YES / NO

Visually impaired candidates only:

6. For Sight Reading, which of the following options does candidate wish to avail of (please tick):

- Large notation Sight Reading
- Second set of Aural Tests

7. Please supply any further information about candidate's special need/disability not covered above.

