

## Request for special needs provision (Music)

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

Please send completed forms to: [trinity.csn@trinitycollege.co.uk](mailto:trinity.csn@trinitycollege.co.uk) or to your local Centre Representative at least 28 days before the exam. 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)

<input type="checkbox"/>	<b>Extra time allowed for practical exam*</b> (overall extra time)	<input type="checkbox"/>	<b>Aural Awareness test*</b> (For candidates with hearing impairments. Please see <a href="http://trinitycollege.com/qualifications/music/special-needs/practical">trinitycollege.com/qualifications/music/special-needs/practical</a> for details)
<input type="checkbox"/>	<b>Extra time for unseen tests*</b> (Sight reading, improvisation, Rock & Pop session skills – please specify which test in the space provided below)	<input type="checkbox"/>	<b>Memory test*</b> (For candidates with visual impairments. Please see <a href="http://trinitycollege.com/qualifications/music/special-needs/practical">trinitycollege.com/qualifications/music/special-needs/practical</a> for details)
<input type="checkbox"/>	<b>Extra time for written (theory) exams*</b> (Usually up to 25%. Please contact <a href="mailto:trinity.csn@trinitycollege.com">trinity.csn@trinitycollege.com</a> if over 25% is required)	<input type="checkbox"/>	Braille sight reading/Playback test
<input type="checkbox"/>	<b>Enlarged print test</b> (Please specify test required in the space provided below)	<input type="checkbox"/>	Braille certificate overlay provided
<input type="checkbox"/>	<b>Test on coloured paper</b> (Please specify test and colour required in the space provided below)	<input type="checkbox"/>	Examiner informed (Further information must be provided in space provided below)
<input type="checkbox"/>	<b>Modified/Enlarged/Coloured Written (theory) paper</b> (Please give details of requirements in the space provided below)	<input type="checkbox"/>	Other (Please provide information in the space provided below)

### \*Supporting evidence required

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

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

<input type="checkbox"/>	Autistic Spectrum Disorder	<input type="checkbox"/>	Social, Emotional and Mental Health needs
<input type="checkbox"/>	Specific Learning difficulty (including dyslexia, dyspraxia, ADHD)	<input type="checkbox"/>	Speech, Language and Communications needs
<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	Temporary Physical Impairment/Injury
<input type="checkbox"/>	Long Term Health condition	<input type="checkbox"/>	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](mailto: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):**

<input type="checkbox"/>	Psychologist's report	<input type="checkbox"/>	Letter from Medical Practitioner
<input type="checkbox"/>	Registered teacher/Assessor report	<input type="checkbox"/>	School/college support plan
<input type="checkbox"/>	EHCP/SEN Statement	<input type="checkbox"/>	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 and to answer any queries that the candidate or, where the candidate is under 18 years of age, the candidate's parent or legal guardian, or a person acting on their behalf with their permission, may raise with us. 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](mailto: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:**