

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 <input type="checkbox"/>	No <input type="checkbox"/>
Please give details if previous examination access arrangements were granted by ADSC:			

Author of this report			
Last Name		First Name	
Qualifications			
Teacher of the Deaf Report:			
I hereby declare that the contents of this report are accurate:			
Date		Signature	

Examination Access Arrangements Requested			
Room with fewer candidates <input type="checkbox"/>	Extra time <input type="checkbox"/>	Live Speaker <input type="checkbox"/>	
Seating in front during Listening Comprehension <input type="checkbox"/>		Hearing Aid Speaker <input type="checkbox"/>	
Other, please specify:			