

REQUEST for ACCOMMODATION in WRITING NBT

Surname	
First name	
SA ID Number	Country of Citizenship <u>if not</u> South African
Passport Number (If not SA citizen,)	

Parent/Guardian Telephone/Cell
Applicant Telephone Number (Cell)

Requested Test Site	
Requested Test Date	
Deadline for Results	
Institution(s) where you are applying	

ACCOMMODATION REQUESTED:

AQL only
 AQL and Maths
 ENG
 AFR

Disability on which request is based	
Blind	
Are you a computer user (eg. Familiar with JAWS)?	
Can you read Braille?	
Other Requirements:	
Visually Impaired	
Do you require an enlarged question paper? (Max font size 42)	
Other requirements:	
ADHD/ADD?	
Hearing Impaired	
At what level can you hear with an amplification device?	
Do you require 'signing'?	
Other requirements:	
Mobility/Physically Impaired	
Are you able to use a pen and/or a computer keyboard?	
Are you able to walk up and down stairs to access a venue?	
Are any special furniture accommodations required?	
Other requirements:	
Learning Disability	
Dyslexia	
Do you require extra time?	
How much extra time is required?	
Do you require a Scribe?	Do you require a Reader?
Person Requesting Accommodation <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other _____	
Surname: _____ First Name: _____	
Contact number: _____ E-Mail: _____	
Signature: _____ Date: _____	

Submit by e-mail with supporting medical documents to: juandre.bestenbier@uct.ac.za