

Request for Accommodation in writing NBT

Surname	
Firstname	
SA ID Number	Country of Citizenship if <u>not</u> South African
Passport Number (If not SA citizen,)	
Parent/Guardian Telephone/Cell	Requested Test Site
Applicant Telephone Number (Cell)	Requested Test Date

ACCOMMODATION REQUESTED:

AQL only AQL and Maths ENG Or: AFR

Disability on which request is based	
Blind	<input type="checkbox"/>
Can you read Braille?	<input type="checkbox"/>
Other Requirements:	<input type="checkbox"/>
Visually Impaired	
Do you require an enlarged question paper?	<input type="checkbox"/>
Other requirements:	<input type="checkbox"/>
ADHD/ADD?	
Autism	
Diabetes	
Hearing Impairment	
Other requirements:	<input type="checkbox"/>
Mobility/Physically Impaired	
Are any special furniture accommodations required?	<input type="checkbox"/>
Other requirements:	<input type="checkbox"/>
Learning Disability	
Dyslexia	<input type="checkbox"/>
Do you require extra time?	<input type="checkbox"/>
How much extra time is required?	<input type="checkbox"/>
Do you require a Scribe? <input type="checkbox"/>	Do you require a Reader? <input type="checkbox"/>
<p>Surname: _____ First Name: _____</p> <p>E-Mail: _____</p> <p>Signature: _____ Date: _____</p>	

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