

## 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,)	
<b>Parent/Guardian Telephone/Cell</b>	<b>Requested Test Site</b>
<b>Applicant Telephone Number (Cell)</b>	<b>Requested Test Date</b>

**ACCOMMODATION REQUESTED:**

AQL only  AQL and Maths  ENG  Or: AFR

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

Submit by e-mail with supporting medical documents to: [juandre.alard@uct.ac.za](mailto:juandre.alard@uct.ac.za).