Cambridge Assessment International Education

Preparation – Form 1

Access arrangements

Complete the relevant sections of this form and return it to us at info@cambridgeinternational.org. Include your centre number, 'Access arrangements form' and the exam series in the subject line. See section 1.3 in the *Cambridge Handbook* to read our regulations for access arrangements. Keep a copy of this form and the supporting evidence for each candidate.

The deadlines for applying for access arrangements are:

May test series (Checkpoint) and June exam series	21 February
October test series (Checkpoint) and November exam series	21 July

I confirm, as Head of Centre or exams officer, that our centre will uphold the integrity of Cambridge International exams and that we hold appropriate evidence to support these access arrangements. I also confirm that the information in this access arrangement notification is accurate. I understand that failure to fulfil Cambridge International regulations could be considered as malpractice.

Centre number		Exam series	
Centre name		Date (DD/MM/YY)	
Name		Signature	
Job title	Other (please specify)		
Other			

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Access arrangements

You must tell us about any access arrangements you plan to use by selecting the relevant box(es) below.

Centre number

Candidate number(s)	Qualification level(s)	Colour naming/ labelling	Coloured overlays	Exemption	Extra time (select percent)	Practical assistant	Prompter	Reading aloud (candidate)	Reading pens	Supervised rest breaks	Transcript of candidate's work	Voice-activated software	Word processor (select type)
	Please select	☐	☐	☐	Please select	☐	☐	☐	☐	☐	☐	☐	Please select
	Please select	☐	☐	☐	Please select	☐	☐	☐	☐	☐	☐	☐	Please select
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	Please select	☐	☐	☐	Please select	☐	☐	☐	☐	☐	☐	☐	Please select
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	Please select	☐	☐	☐	Please select	☐	☐	☐	☐	☐	☐	☐	Please select

Computer reader and/or Human reader

Please specify the syllabus(es) and component(s) requiring a computer reader and/or human reader.

Candidate number(s)	Reader type (specify)	Syllabus code(s)	Component code(s)						
	Please select								
	Please select								
	Please select								
	Please select								
	Please select								
	Please select								

Scribe

Please specify option from the dropdowns provided.

Candidate number(s)	Option(s)
	Please select
	Please select
	Please select
	Please select
	Please select
	Please select

Other

(for example, supplementary aids, extra time **not** specified above etc.)

Candidate number(s)	Qualification level(s)	Other
	Please select	
	Please select	
	Please select	

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