**0-25 SEND Inclusive Education Service**

**Request for Exam Access**

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| **School/Setting Information** |
| School/Setting: |  |
| Name of person making request: |  | Date of request: |  |
| Position: |  |
| Contact Email: |  |
| Contact Telephone: |  |
| Date to be completed by: |  |
| **(Costs per pupil: 8+ pupils = £60.00 per pupil, 7 pupils or less = £90.00 per pupil)** |
| Purchase Order No: |  | No. of pupils: |  | Amount: |  |

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| **Please indicate the name of the pupil and the type of Access Arrangement required** |
| Name | Reader | Scribe | Extra-time |
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| **School Signature:** |  |

Please return the completed form securely to:

Inclusive.Education.Service@bradford.gov.uk

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| Office use | Spec | T/ Pr /AIO | Work code | sessions | Triaged by |