**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 the assessments need to be completed by: |  | Purchase Order No: |  | |

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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](mailto:Inclusive.Education.Service@bradford.gov.uk)

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