**0-25 SEND Inclusive Education Service**

**Request for Exam Access**

|  |
| --- |
| **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: |  | PurchaseOrder No: |  |

|  |
| --- |
| **Please indicate the name of the pupil and the type of Access Arrangement required** |
| Name | Reader | Scribe | Extra-time |
|  |[ ]  [ ]  | [ ]  |
|  |[ ]  [ ]  | [ ]  |
|  |[ ]  [ ]  | [ ]  |
|  |[ ]  [ ]  | [ ]  |
|  |[ ]  [ ]  | [ ]  |
|  |[ ]  [ ]  | [ ]  |
|  |[ ]  [ ]  | [ ]  |
|  |[ ]  [ ]  | [ ]  |
|  |[ ]  [ ]  | [ ]  |
|  |[ ]  [ ]  | [ ]  |
|  |[ ]  [ ]  | [ ]  |
|  |[ ]  [ ]  | [ ]  |

|  |  |
| --- | --- |
| **School Signature:** |  |

Please return the completed form securely to:

Inclusive.Education.Service@bradford.gov.uk

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