

Application for Access Arrangements

See Part 6 of the Handbook for Centres, and read the notes overleaf before completing this form. If necessary, additional sheets

may l 1	be attached to this form. Examination										
	Qualificati	on (PSLE,	JC or BGCS	SE)			Yea	ar			
2	Candidate Details										
	Centre Nu	Centre Number			Centre Name						
	Candidate Number			Candida							
3	Access	Arrange	ments Re	questec	j						
_											
4	Reason for Application										
_											
_											
5	Syllabus	ses for w	hich app	lication	is being ma	de					
Syllabus/subject Code		Syllabus/subject Name		Option Code (if applicable)		Syllat	Syllabus/subject Code		Syllabus/subject Name		Option Code (if applicable)
Signature of Head of Centre							Date				
Name	e of Head of C	Current Cen	tre								

BOTSWANA EXAMINATIONS COUNCIL

Application for Access Arrangements

Application for Access Arrangements

- 1 This form should be used when making applications for Access Arrangements in advance for candidates who have permanent special needs (eg blind, hearing impaired) or for candidates who have a temporary disability (eg a broken arm). If a candidate is disadvantaged at the time of an examination (eg due to illness, bereavement, etc), an application should be made for Special Consideration. Applications for Special Consideration are made after the examination.
- 2 Applications for Access Arrangements for candidates with permanent special needs should be made when the candidate is entered for the examination.
- 3 Provide details of the qualification (PSLE, JC or BGCSE), the year and details of the candidate by completing sections 1 and 2 of the form.
- 4 The Access Arrangements being requested should be specified in section 3. The arrangements requested will normally correspond to the statements included in support of the application.
- 5 The nature of the special needs should be described in section 4. Applications on behalf of candidates with permanent special needs should be accompanied by supporting evidence in the form of statements from a registered medical practitioner and/or from the Special Education Department of the Ministry of Education and Skills Development.
- 6 Details of the syllabuses (and options if applicable) for which the candidate has been entered should be listed in section 5.
- 7 The signature of the Head of Centre will be taken to indicate that the application has his/her full support.
- 8 Give details of any documents to be attached to the form (eg medical evidence or additional sheets) in the space provided below.
- 9 Once a completed form is received, BEC will provide a written response which will confirm the Access Arrangements which can be made. Heads of Centres should note that no Access Arrangements may be made unless BEC has given this written consent.

Once completed, this form should be sent by mail or fax to:

The Executive Secretary,

Botswana Examinations Council,

Private Bag 0070,

Gaborone.

Tel: 3650700

Fax 3185011