



APPLICATION FOR ADJUSTMENTS

This form must be completed each time the candidate is submitted for an assessment and must be returned with any supporting evidence at least 2 weeks before the booked assessment date.

Note: this information is classified as sensitive data under the Privacy Act and should only be submitted by email to secretary@idance.org.au if it is encrypted or in a password protected document with the password emailed separately, otherwise it can be submitted by post to: PO Box 786, Hillarys, WA, 6923.

Please do not send this form with other paperwork.

For further assistance generally please contact the Secretary at: secretary@idance.org.au

STUDIO/TEACHER	
Name	
Phone	
Email	
Assessment Date	
Signature	
STUDENT/CANDIDATE	
Name	
Style	
Level	
Age Division Juvenile/Junior/Adult/Masters	

Please provide as much information as possible about the candidate's difficulties, and how this may affect them in the examination. (Use additional sheets if necessary):

Please state any required changes to examination conditions (e.g., extra time, footwork, top-line, etc) and the reasons for this. (Include a medical note and/or educational report/statement as required):



TO BE COMPLETED BY THE CANDIDATE/PARENT/CARER

Under the Privacy Act 1988, the information given is sensitive, personal data.

It is provided solely for the entry of the candidate for the assessment specified above in order for any reasonable adjustment to be made to the assessment conditions and, for the examiner to be aware of any needs during the course of the assessment.

The data will be retained until the full assessment process is complete and then securely destroyed.

Please check one of the following:

I am over 18 and the candidate

I am the parent/carer

I consent to the Association of International Dance receiving and processing this information for the purposes of applying for reasonable adjustments for the arranged assessment, including communicating this information to the examiner.

CANDIDATE/PARENT/CARER'S SIGNATURE

(Do not write or type name)

CANDIDATE/PARENT/CARER'S NAME

(Please print)

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FOR OFFICE USE ONLY

Date received: _____

Application review date: _____

Examiner to be made aware? Yes

Not necessary

Comments (if applicable):
