



Access Arrangements and Reasonable Adjustments (AARA) Application

YEAR 10

Application – To be filled in by student or staff member

Student name: _____ Form class: _____

Requested AARA

Subject/s: _____

Extension Other: _____

Reasoning: _____

Evidence provided (please attach):

Medical Certificate Other: _____

Application completed by: _____

Staff / Student

Approval – To be filled in by Head of Department

Evidence attached

Approved

Date: _____

Approved by: _____

AARA to be implemented:

Extension – New due date: _____

Extra time (exams) – Time allowed: _____

Extra support – Support allowed: _____

Other: _____

Signed: _____