

## Request for special needs provision (Digital Music Theory)

For **Music** candidates taking **Digital Music Theory** exams only

Please send completed forms to: [trinity.csn@trinitycollege.co.uk](mailto:trinity.csn@trinitycollege.co.uk) All sections must be completed in English.

Candidate name:			
Candidate number (if known):		Centre name/number (if known):	
Contact Name:		Grade/Level:	
Contact email:			

### Requested adjustment (at least one box must be selected)

<input type="checkbox"/>	Extended time allowed in exam (Up to 25% extra time)	<input type="checkbox"/>	Scribe/amanuensis
<input type="checkbox"/>	Chaperone required	<input type="checkbox"/>	Other* (Please provide information in the space provided below) *Supporting evidence may be required – see section below

**Additional details** (information provided may be shared with the examiner):

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### Details of condition (at least one box must be selected)

<input type="checkbox"/>	Autistic Spectrum Disorder	<input type="checkbox"/>	Social, Emotional and Mental Health needs
<input type="checkbox"/>	Specific Learning difficulty (including dyslexia, dyspraxia, ADHD)	<input type="checkbox"/>	Speech, Language and Communications needs
<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	Temporary Physical Impairment/Injury
<input type="checkbox"/>	Long Term Health condition	<input type="checkbox"/>	Other (please give details below)

**Additional details** (information provided may be shared with the examiner):

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## Supporting evidence

For any adjustments which could potentially give candidates an unfair advantage, or which alter content of the exam, you may be required to provide supporting evidence. If you have selected 'Other' in the 'Requested adjustments' section above, please contact [trinity.csn@trinitycollege.com](mailto:trinity.csn@trinitycollege.com) to discuss the requirements before recording the performance.

**Any documents that are not in English must be accompanied by a translation. We reserve the right to ask for original documents and/or additional documentation.**

Trinity will retain supporting evidence for 3 years, during which time it does not need to be resubmitted. If supporting evidence has been submitted within the last three years please give the Candidate ID number, or month and year of the previous exam.

**Candidate ID number:**

**Month and year of previous exam:**

## Data Protection (must be completed)

Trinity College London is the data controller and responsible for the candidate's personal information provided to us in relation to this form. We will use the personal information in relation to the candidate's health that is provided to us in connection with this form in order to assess whether the candidate requires special needs adjustments to their exam. If the adjustment is granted, we may share some of the details, as necessary, with the relevant examiners, representatives and/or the registered exam centre associated with the candidate's exam to facilitate the reasonable adjustments being made. Please see our [Data Protection Policy](#) and our [privacy statement for exam candidates](#) for more information as to how Trinity uses and shares candidates' personal data.

You have the right to withdraw your consent to our use of your/the candidate's personal information at any time by contacting our Data Protection Officer at [dpo@trinitycollege.com](mailto:dpo@trinitycollege.com) and the personal information in relation to your/the candidate's health will then not be used by us. This will not affect the lawfulness of any processing carried out by Trinity before you withdraw your consent.

**Please tick the box below to confirm that you consent to our collection and use of your or (where the candidate is under 18 years) the candidate's personal information in relation to health in the manner as set out in this form.**

**For a candidate who is 18 years or older:**

**I consent to Trinity College London collecting and using personal information in relation to my health in accordance with and for the purposes set out in this form.**

**Date:**

**Signature:**

**For a candidate who is under 18 years, the candidate's parent or legal guardian should complete this section:**

**I confirm that I am the candidate's parent or legal guardian.**

**I consent to Trinity College London collecting and using the candidate's personal information in relation to their health in accordance with and for the purposes set out in this form.**

**Name of parent/guardian:**

**Date:**

**Signature:**