

**Personalised Assessment Arrangements
Application Form
ORE Part 1**



Candidate Name:

Contact Email:

ORE Part 1 Diet (i.e. April or August):

APPLICATION DETAILS: *(To be completed by the candidate. Continue on a blank sheet if necessary.)*

Please explain why you are requesting personalised examination provisions and the allowances you would like put in place.

Signature of Candidate: *Date:*

SUPPORTING STATEMENT: *(To be completed by a suitably qualified medical or educational professional. Please continue on a blank sheet if necessary.)*

Please give the nature and severity of the candidate's medical or specific learning difficulties and state whether or not this would impact on their performance during an examination as detailed in the attached policy document.

Signature of Medical Practitioner: *Date:*

Medical Practitioner's Official Stamp: