

NOTIFICATION OF MEDICAL CIRCUMSTANCES, STATEMENT OR ACCESS ARRANGEMENTS FORM

Child's Name:

Date of Birth:

Home Address:

Telephone No:

Email:

Test Centre:

**ALL EVIDENCE RECEIVED IS COPIED TO YOUR CHILD'S TEST CENTRE.
PLEASE TICK ONE OF THE FOLLOWING OPTIONS.**

1

My child has a medical condition, statement* or special need and I would like to request that access arrangements/adjustments be made for the tests.
Please attach your request, indicating the nature of your child's particular needs.

PLEASE TICK THE ABOVE BOX 1 if your child has a medical condition, statement or special need that requires access arrangements or adjustments. Our Access Arrangements Guideline for 2020 Entry gives examples of the arrangements that can be made.

Candidates with a recognised disability may be entitled to special adjustments. All requests for special adjustments should be specific. If you are requesting adjustments for your child:

- You **must** supply a current letter from the Headteacher of your child's primary school confirming every day adjustments that are in place including:
 - Any adjustments or support provided during tests
 - The nature and type of tasks and activities where support is necessary.
 - The nature, degree and duration of support required in each of these tasks and activities.

Please tick this box to confirm you have enclosed your primary school headteacher's letter.

- If your child has a Statement or Education Health and Care Plan you should supply a Statement of Needs and the most recent Statement Review. You may also wish to provide other reports, e.g. from a Psychologist.

OR PLEASE TICK BOX 2 if your child has a medical condition that does not require access arrangements but you would like the test centre notified.

2

My child has the following medical condition. *If applicable, please specify anything they are bringing to the test centre in the box below.*

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Please read the CSSE Access Arrangements Guideline 2020 Entry before submitting this form to the CSSE office.

Please post your documents to the address overleaf or email: send@csse.org.uk

The deadline date is 1st July 2019.

*Statements have been replaced by Education, Health and Care Plans (EHC plans). Any reference to statements also applies to EHC plans.

Vision Impaired Children

If you require enlarged papers for your child, please advise of the font size required, the reasons for the need and enclose professional documentation to support your request. Please note that enlarged papers will be printed on larger paper – up to A2 – depending on the font size requested.

CSSE PRIVACY NOTICE

The CSSE acts within the law in the handling of your personal data. We hold only the information you supply on application and the subsequent test results. The data is collected with industry-standard encryption and processed securely for the purpose of administering access to the schools which are members of the CSSE.

It is our duty to ensure that the data we hold is accurate, proportionate and retained only for as long as is necessary.

The legal basis for processing your data is public interest.

You have the right of access to your own records. You have the right to request that your record is corrected (rectified), if there is any error. If you have an over-riding legitimate reason, you may object and exercise the right to have your data deleted.

The Data Controller is the CSSE. The Data Protection Officer is the *vice-chair* of the CSSE. Contact them: admin@csse.org.uk

Personal 11+ data is retained for no longer than two years after the date of the test for which you have registered. Personal data collected for the purpose of transport enquiries or ticket issue is retained for no longer than two years after the date of the last enquiry or ticket expiry.

Please return this form to:

CSSE Administrative Office, P.O. Box 3087, Chelmsford, Essex CM1 3SY
Telephone: (01245) 348257