

SECTION 2 – Examination details	
EXAMINATION APPLIED FOR	_____
DATE OF EXAMINATION	_____

SECTION 3 – Information relating to the request	
DESCRIPTION OF DISABILITY	

SPECIAL ARRANGEMENTS REQUESTED				
Please say whether:				
1. You can write in longhand.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. You can write only with the use of a computer.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. You have a physical or medical condition which requires special facilities or support.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details				
.....				

SUPPORTING EVIDENCE ATTACHED (Please list document(s) and their date(s))	
1.	
2.	
3.	
4.	
5.	
6.	

SECTION 4 – Candidate Agreement – Form Q

I, _____

[FULL NAME IN BLOCK CAPITALS]

confirm that I am the candidate, that I have read the Society’s Policy for Candidates seeking Special Examination Arrangements and that the information given on this form is true, complete and accurate, and no information requested or other material information has been omitted;

undertake to inform the Society in writing of any change in my circumstances that occurs before the examination;

have read and understood the SAL Diploma Regulations and Syllabus and I understand that my entrance to the examination may be forfeited if any information or documentation requested is not correct or omitted;

accept that if I submit an incomplete application it may lead to delay in processing and it being returned for me to complete. Such a delay may mean that the application falls beyond the application deadline which might mean that I cannot enter the examination on the occasion I would wish.

accept that a completed application form for the examination (which included the full fee) must have reached the Examinations Office by the published deadline.

Data protection: We, the Society of Apothecaries of London, collect information about you when we process this application form. We will use your personal information for the purposes of the administration of the examination for which you are applying, including verifying your qualifications with third parties, and to contact you regarding the administration of the diploma. All personal information held by the Society of Apothecaries of London will be held in accordance with the General Data Protection Regulation (GDPR) as supplemented by the Data Protection Act 2017, whichever is in force at the time, and the Freedom of Information Act 1998. In the event that the administration of the examination for which you are applying is transferred to a third party, your personal information may be disclosed to such third party for the purposes of the administration of the examination for which you are applying. We will notify you in writing prior to the transfer of your personal data. Please do not hesitate to contact the [Registrar on 020 7236 1180] if you have any queries about the information we hold about you.

By signing this application below, you agree and consent to the information in this form being used by the Society of Apothecaries of London for the purposes of the administration of the examination for which you are applying, including verifying your qualifications with third parties, and to the disclosure of your personal data to third parties for the purposes of the administration of the examination for which you are applying.

I accept that incomplete applications may lead to a delay in processing the application and may lead to it being returned and / or rejected.

I understand that faxed or e-mailed applications or photocopied signatures will not be accepted for reasons of confidentiality or security.

I agree to the above and if any of the above is not correct or is not fully met, the Society of Apothecaries of London reserves the right to reject my application.

SIGNATURE _____

DATE ____ / ____ / ____ /
DD MM YY

OFFICE USE

Date special arrangements offered:
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Special arrangements:	1. _____	3. _____
	2. _____	4. _____

Date special arrangements agreed:
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