

The Society of Apothecaries of London Application for Candidates seeking Special Examination Arrangements



The Society's policy for Special Examination Arrangements is available to download at www.apothecaries.org.

Candidates requesting special arrangements for their examination must apply to the Academic Registrar on this Form with appropriate supporting evidence by 4 weeks before the application deadline for the examination. (See the relevant **Administrative Guidance for Candidates** for each diploma.)

The nature of the adjustments will vary in relation to the nature and extent of the candidate's difficulty or disability and the requirements of the examination. Such arrangements as are made will not give a candidate an unfair advantage. Candidates must communicate directly with the Society as confidential medical information may be involved. Those who are not able to communicate directly will be considered unfit to take the examination.

Applications must be submitted in a timely manner as specified in the Regulations. The decision of the Academic Registrar will be communicated to the applicant as soon as possible.

Office use only
Date received:

SECTION 1 – Personal details (please	e use BLOCK CAPITALS)					
Please give your full name exactly as it appears on the Diploma of your primary medical qualification (if held) unless you have since changed your name by marriage or Deed Poll.						
	TITLE					
SURNAME						
FORENAME(s)						
CORRESPONDENCE ADDRESS						
Town	Postcode	Country				
CONTACT DETAILS:						
Telephone number						
EMAIL						

IN CONFIDENCE

SECTION 2 – Examination details			
EXAMINATION APPLIED FOR			
DATE OF EXAMINATION			
SECTION 3 – Information relating to the request			
DESCRIPTION OF DISABLITY			
SPECIAL ARRANGEMENTS REQUESTED			
Please say whether:			
1. You can write in longhand.	Yes	No	
2. You can write only with the use of a computer.	Yes	No	
3. You have a physical or medical condition which requires special facilities or support.	Yes	No	
Details			
SUPPORTING EVIDENCE ATTACHED (Please list document(s) and their date(s))			
1.			
2.			
3.			
4.			
5.			
6.			

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IN CONFIDENCE

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 Academic Department 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 Academic Department 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 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 OFFICE USE** Date special arrangements offered: Special 1. 3. arrangements: 2. 4. Date special arrangements agreed: