

Candidate's Information

Last name:	E-mail:
First name:	Telephone:
Date of Birth:	Mobile:
Test (please indicate):	

I attach	Yes	No
1. Completed examination application form		
2. Bank receipt		
3. Appropriate medical documentation translated into English		

You do not need to submit medical evidence again if:

1. You have taken any Cambridge English Language Assessment examinations within the last three years under non-standard accommodations AND		
2. The state of your health has not changed since the date on which the most recent medical evidence was provided.		
If you fall into this category, please specify the test and date of administration.	Test:	
	Month, Year:	

Type of Disability (choose the one that best describes your case)

<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Stutter
<input type="checkbox"/> Blindness	<input type="checkbox"/> Deafness	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Motor impairment	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Autism / Asperger syndrome
<input type="checkbox"/> Temporary disability (arm fracture, etc)	<input type="checkbox"/> Psychological & Learning Disabilities (dyslexia, dysgraphia, etc)	<input type="checkbox"/> Other (please specify)

- The information I have provided is accurate to the best of my knowledge.
- I understand that the HAU Center for Examinations and Certifications will, if necessary, contact medical professionals to clarify the documentation and the information concerning my case will be shared with Cambridge English Language Assessment.
- Cambridge English Language Assessment and the HAU have no obligation to adopt recommendations made by professionals but these will be taken into consideration when the non-standard accommodations will be decided.
- I understand that the adjustments made for the Cambridge English Language Assessment Examinations may not be the same as those made in other contexts (e.g. at school). The Center for Examinations and Certifications will inform me in writing about the type of non-standard accommodations granted.

Student's Signature/ Parent's Full Name and Signature:	Date:
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Signed Original submitted to the Center for Examinations and Certifications. Please make and retain a copy of this form.

Data Protection

The Hellenic American Union collects and uses personal information in order to securely administer language certificate examinations; to accurately communicate the results of these examinations, and; to be able to certify the validity of certificates issued to candidates in these examinations. Furthermore, it uses personal information to communicate with the members of its public; to provide information on and operate educational, certification and cultural programs and services that it conducts on its own, on behalf of, or in cooperation with other organizations, and; to inform the members of its public of educational and cultural opportunities. The information we have requested in this form will be maintained in digital and/or physical form and used only for the purposes described above. You have the right to reasonable access to the personal information we have on you, to request a copy of this information, and to correct it if inaccurate. If you would like more information on the Hellenic American Union's data protection and privacy policy, please contact the Hellenic American Union's Data Protection Officer: E: privacy@hau.gr; T: 2103680056.

For Office Use Only

Date received:	Documentation complete: Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, documents needed:	
Student/ Parent contacted by:	Date contacted: