



Independent Schools
Examinations Board

NOTIFICATION OF ACCESS ARRANGEMENTS

Name of Prep School		Examination Series	
		Subject	
Name of Senior School receiving scripts			
Name of person completing this form			

Access arrangements were made for the following candidate(s):

Candidate Name	Brief note of access arrangement(s)
Comments (if appropriate):	

To be completed by the head of centre

Declaration: I am satisfied that the information provided on this form is accurate and complete, and that the specified access arrangements have been implemented in accordance with JCQ guidelines.

Name		Date	
Signature			

a typed signature is acceptable

One copy of this form should be submitted with the relevant examination scripts, and a second should be retained by the centre.