

Special Assessment Condition/s Requested

Indicate the type of special assessment condition/s that is being requested for each subject. The following codes cover the majority of applications.

WA30 Writer assistance – separate accommodation and extra 30 minutes also provided
30 Extra 30 minutes and separate accommodation.

PLEASE NOTE: If the Board approves your application, the Board both appoints all writers and/or makes all arrangements for the special assistance conditions granted.

Examination Code	Examination Name	Condition requested – use above codes

I _____

confirm that I have read and understand the conditions in the booklet *Special Assessment Condition/s During Examinations*; that the above statements are true and correct; and that the information contained in any accompanying documents is to the best of my knowledge true and correct.

Signature: _____ Date: / /

Applicant

Authorisation

I, _____

give permission for the Plumbers, Gasfitters, and Drainlayers Board

- to require that an independent assessment of my special assessment condition/s be undertaken by a medical practitioner or other appropriately qualified person appointed by the Board, at the expense of the Board;
- to make an inquiry of person(s) identified in my application for special assessment condition/s;
- to make any other inquiry the Board may deem necessary; and
- I understand that if any special assessment condition/s are approved the examination result notice will be endorsed.

Signature: _____ Date: / /

Applicant

An applicant is required to complete this form before special assessment condition/s can be considered. Any special assessment condition/s may not be considered if this declaration and authority is not fully completed and signed. Any special assessment condition/s approved but not used without notifying the Plumbers, Gasfitters and Drainlayers Board prior to the examination will incur a payment of \$40. All candidates for special assessment condition/s must also complete the application form "Entry for Plumbers, Gasfitters, and Drainlayers Board Examinations" by the stated date and pay the examination entry fee.

Send to: The Registrar
 Plumbers, Gasfitters and Drainlayers Board
 PO Box 10655
 Wellington 6143