SPECIAL ASSESSMENT CONDITIONS APPLICATION FORM

Plumbers, Gasfitters and Drainlayers Board

Please fill in this form if you wish to request special assessment conditions when sitting a Plumbers, Gasfitter and Drainlayers Board examination. All applications for special conditions must be approved by Board before booking your examination.

Before completing the form, please read the special conditions information sheet which provides further information about the process.

Please email this completed form as a PDF (no photos) to licensing@pgdb.co.nz.

PERSONAL DETAILS:

Surname:		**First Name(s):**	
Date of birth (dd/mm/yyyy):		**Gender:**	Male ☐ Female ☐ Prefer not to disclose: ☐
Have you held a licence with the Board before?	☐ Yes ☐ No	**PGDB number (if applicable):**	
Mobile:		**Phone:**	
Email:			

Ethnicity:	New Zealand Pākehā	☐	Indian	☐
	New Zealand European	☐	Chinese	☐
	Māori	☐	South African	☐
	Pasifika	☐	Other ……	☐
	European	☐		

EXAMINATION DETAILS:

What examination are you requesting special assessment conditions for?	☐ 9192 Plumber ☐ 9193 Gasfitter ☐ 9197 Drainlayer	☐ 9195 Certifying Plumber ☐ 9196 Certifying Gasfitter ☐ 9198 Certifying Drainlayer

What is the name of the examination centre where you wish to sit your examination? *Search examination centres here.*	
Please explain why you want special assessment conditions. *Supporting evidence must be attached.*	
What support have you received in the past when sitting examinations? *Supporting evidence must be attached.*	

SPECIAL ASSESSMENT CONDITIONS REQUESTED:

What type of special conditions are you requesting?	
☐	Reader/Writer assistance (Separate venue and an extra 30 minutes provided) *Additional charges apply
☐	Extra 30 minutes
☐	Special venue *Additional charges apply
☐	Hardcopy resources *No supporting evidence needs to be provided if you are requesting hardcopy resources only.*

Please note: All applications for special conditions must be approved by Board before booking your examination. If you have already booked your exam, you will need to contact Aspeq Ltd on (04) 913 9812 or info@aspeq.com to discuss your booking as they need to manually add the special conditions to your exam booking.

APPLICANTS DECLARATION:

By submitting this application, I declare that the information I have provided is true and correct.
The Board collects personal information, including your name, address, contact details, and billing information, to process your application and maintain the public register. Your information is handled, stored and kept secure in accordance with the Privacy Act 2020. The Board will not share your personal information unless it is necessary to do so for the purpose for which the information was collected, you have consented to its disclosure, or where disclosure is required or permitted by law. Any third parties who may have access to your information for permitted purposes will be subject to the Board's information security and privacy requirements. You may request access to your personal information and request that it is corrected if any of that information is inaccurate.

Applicants signature:		**Date:**	