

APPLICATION FORM – special assessment conditions

Please complete this application form if you wish to request special assessment conditions to sit a Plumbers, Gasfitters and Drainlayers Board examination in 2019. **ALL applicants should complete ALL sections of this form.**

Before completing this form please read the booklet ‘*Special assessment conditions during examinations*’ which provides further information on special assessment conditions.

Note the closing dates for applications for special conditions for certifying examinations.

PART 1 – Applicant’s details

First name _____	Authorisation number _____
Last name _____	<i>(also known as your registration, licence, or exemption number)</i>
Postal address: _____ _____	Phone (work) _____ Phone (home) _____
Suburb _____	Email _____
City _____	Date of birth _____
Postcode _____	

PART 2 | Examination details and reason for requesting special assistance

What examination are you requesting special assistance for? _____

What is the name of the examination centre where you have applied to sit the examination?

Please state your reason as precisely as possible for requesting special assistance/conditions and provide details about support you may have received in the past. *Supporting evidence must be attached, including medical reports and/or certificates.*

PART 3 | Details of special assessment conditions requested

Please indicate the type of special assessment conditions that you are requesting for each subject.

The following codes cover the majority of applications:

- RW30 - Reader/writer assistance – separate accommodation and extra 30 min also provided
- 30 - Extra 30 minutes and separate accommodation.
- SV - Special venue (for certifying examinations only)
- HC - Hard copy material needed (for tradesman examinations only)

PLEASE NOTE: If the Board approves your application for WA30, the Board both appoints all writers and makes all arrangements for the special assistance conditions granted. Extra costs may apply for SV applications.

Examination code	Examination name	Condition requested (use above codes)

PART 4 | Declaration and authorisation

I, _____ (*name*), confirm that I have read and understand the conditions in the booklet 'Special assessment conditions 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.

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 conditions can be considered. Any special assessment conditions may not be considered if this declaration and authority is not fully completed and signed. All candidates for special assessment conditions must also complete and enclose with this application the entry application form for Plumbers, Gasfitters and Drainlayers Board examinations and pay the relevant examination fee(s).

Send to: Plumbers, Gasfitters and Drainlayers Board; PO Box 10655, The Terrace, Wellington 6143.