

STUDENTS WITH SPECIAL NEEDS

Why we need this information

AIA operates a policy which offers equality of opportunity regardless of gender, ethnicity, colour, disability, religion, age, sexual orientation, or marital status.

To ensure no candidate is discriminated against on the grounds of disability, AIA offers additional support to candidates during the exams if required.

In order to provide effective support and services we need to collect your personal data. In line with current data protection legislation, the AIA is required to inform you that we will share this with other parts of the AIA and with those external agencies providing services to the organisation and its members. We respect the privacy of individuals and only disclose personal data outside of the AIA as a necessary part of our service.

Information requested and official confirmation

Do you have a long term or permanent disability, health problem, indisposition or specific learning difficulty, such as dyslexia, that might affect your ability to take the exams or affect any service or facility offered by the AIA for which you may need support?

Do you wish to notify the AIA of any condition? Please tick Yes or No.

Yes No

Please enter in the box the code(s) from the list of statements below which is most appropriate to you.

Code	Description	Code	Description
01	Dyslexia (or other specific learning difficulty)	02	Blind/or partially sighted
03	Deaf/have a hearing impairment	04	Wheelchair user/ have mobility difficulties
05	Personal care support	06	An unseen disability, e.g. diabetes, epilepsy, asthma
07	Multiple disabilities	08	A disability not listed
09	Cerebral palsy	10	Physical impairment
11	Speech impairment	12	Mental health condition current or previous (e.g. depression)
13	Autism	14	Learning difficulties
15	I prefer not to say		

Code that is appropriate to you:

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Please expand upon the needs you may have and attach official confirmation (in English) as appropriate i.e. medical certificate (continue on a separate sheet if necessary):

I give my consent for the AIA to disclose information to relevant third parties about my disability, health problem(s) or learning difficulties as indicated above.

Signature.....

Date.....

Print name.....

AIA Student ID Number