



Province of the Eastern Cape

DEPARTMENT OF EDUCATION  
 ISEBE LEZEMFUNDO  
 DEPARTEMENT VAN ONDERWYS  
 P.O BOX 4571, KING WILLIAMS TOWN, 5600  
 Enquiries: Mr. V A Joseph  
 Tel. 043 604 7809/10 Fax: 043 604 7789

## APPLICATION ON BEHALF OF A LEARNER EXPERIENCING BARRIERS TO LEARNING FOR ALTERNATIVE EXAMINING PROCEDURE (S)

### GENERAL INSTRUCTIONS

1. Section A and B to be completed by the school. Attach all relevant documents or reports, e.g. medical report, psychological report, report card, copies of schoolwork and letter from school. (Refer: Page No:11 and 12 of "The National Senior Certificate: A Qualification at Level 4 on The National Qualifications Framework (NQF).")
2. The school will then submit the application form and attach documents to the District Office, **not later than 26 March** of the year in which the candidate will sit for the final Examination, unless the condition occurred after the above date.
3. The Special Needs official in the District will complete Section C of the application form before submission to the Examination official in the District. The District Examination official will submit the application form to the Provincial Evaluation Panel who will complete Section D. It must reach the Provincial office **no later than 13 April** of the year in which the candidate will sit for the final Examination, unless the condition occurred after the above date.

<b>SECTION A:</b>	<b>IDENTIFICATION PARTICULARS</b>			
<b>1. Name of Learner</b>				
<b>2. Date of Birth</b>		<b>Identity Number</b>		
<b>3. Exam Centre Name</b>			<b>Exam Centre No</b>	
<b>4. District Name</b>			<b>Grade</b>	
<b>5. Sequence No. On Application Form</b>				

<b>SECTION B:</b>	<b>INFORMATION ON DISABILITY / INJURY / ILLNESS/ TRAUMA</b>			
Short and concise description of special education need of learners				
2. In what way does the disability, impairment or learning difficulty influence the learner's ability to sit for the examination under normal conditions?				

3. Indicate with an "X" the alternative measure applied for:

Extra time – Which Subjects?

Special equipment - specify

Any other - specify

4. Scholastics information

4.1. Schools Grades failed from Gr.1 – Gr. 12

Grade	Year Failed	Subjects failed

4.2. Number of schools attended since Grade 1

4.3. Marks obtained in each subject at the end of the year.

SUBJECTS		MARKS (%)/ LEVEL	GRADE AVERAGE (%)
1			
2			
3			
4			
5			
6			
7			

4.4. Was concessions applied for in previous examinations?

**YES**

**NO**

If Yes, specify. If No, why not?

4.5. When was the special need (condition) first determined/ recorded?

4.6. Did the learner receive any specific support or assistance? If Yes, frequency, type and duration of assistance	
4.7. Outcome of the assistance. Was there any improvement? If the answer is NO, why not?	
4.8. Any other appropriate information	
4.9. On what date did a medical practitioner, in case of injury or illness, see the learner?	

**N.B Attach all information relevant to this application**

**SCHOOL STAMP**

\_\_\_\_\_  
**NAME: PRINCIPAL**

\_\_\_\_\_  
**SIGNATURE: PRINCIPAL**

\_\_\_\_\_  
**DATE**



<b>SECTION C:</b>	<b>TO BE COMPLETED BY ESS /ELSEN SECTION – DISTRICT OFFICE</b>		
<b>Name of Special Needs Official</b>			
<b>Does the candidate qualify for a concession?</b>	<b>YES</b>		<b>NO</b>
<b>If Yes, recommendations as to the particular alternative examination procedure(s), also indicating for what subject, special equipment required and / or extra time required.</b>			

<b>If No, Specify</b>

N.B. If applicable, attach own report and/ or information obtained.

\_\_\_\_\_  
SIGNATURE: SPECIAL NEEDS OFFICIAL

\_\_\_\_\_  
DATE

<b>SECTION D:</b>	<b>TO BE COMPLETED BY EXAMINATION EVALUATION PANEL</b>			
<b>Date of Meeting</b>				
<b>Does the candidate qualify for a concession?</b>	<b>YES</b>		<b>NO</b>	
<b>If Yes, recommendations as to the particular alternative examination procedure(s), also indicating for what subject, special equipment required and / or extra time required.</b>				
<b>If NO, Specify</b>				

\_\_\_\_\_  
SIGNATURE: (Chairperson)  
EXAMINATION EVALUATION PANEL

\_\_\_\_\_  
DATE

**NOTES:**

1. The examination Evaluation Panel will acknowledge receipt of applications to ESS/ ELSEN Official and the School.
2. The panel will keep thorough record of all applications, meetings and further correspondence.
3. The school / applicant and Special Needs Official will be informed in writing on the outcome of the application.
4. All enquiries will be to the Chairperson: Examination Evaluation Panel