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**Assessment Arrangements**

**Candidate Form**

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| **Candidate:** |  |
| **SCN:** |  |
| **Subject(s):** |  |
| **Assessment arrangement(s):** |  |

As part of the process to request your assessment arrangement(s), we need to share information about you and your assessment arrangement (s) with SQA.

We will share the following information with SQA:

* Your name
* SCN
* Centre
* Date of Birth
* An indication of your disability or identified difficulty
* Details of the assessment arrangement(s) you need

SQA will only use this information to process your request for assessment arrangements. This information is not shared with anyone outside of SQA and is only kept for as long as it is needed to support the request process.

I confirm that I have been involved in discussions about and agree to the assessment arrangements being requested and that I intend to use them.

|  |  |
| --- | --- |
| **Print name** |  |
| **Signature** |  |
| **Date** |  |
| **Parent’s/Carer’s Countersignature*****(if applicable)*** |  |

Further details about how SQA uses your information is available in their Privacy Statement <https://www.sqa.org.uk/sqa/45397.html>