

DECLARATION TO DROP ACCESS ARRANGEMENTS

Specific TCAs

Section A: LEARNER DETAILS			
Name:		Surname:	
ID No.:		Age:	
Mobile no.:		Phone no.:	
MCAST email address:			
Section B: TCA DETAILS			
TCA title:			
Date:		Time:	
Section C: DECLARATION			
I would like to drop the access arrangement/s ticked below during the TCA mentioned in Section B:			
<input type="checkbox"/> Reader <input type="checkbox"/> Scribe <input type="checkbox"/> Prompter <input type="checkbox"/> Extra time <input type="checkbox"/> Quiet room			
<input type="checkbox"/> Other:			
Section D: CERTIFICATION			
<p>I, the undersigned hereby certify that the information provided is true and correct. I confirm that this decision is intended to enhance my independence skills, that I am fully aware of its implications, that I am free from any pressure to assume this responsibility and that the dropped access arrangements can be provided again through a formal request to the IEU.</p> <p>The information provided and collected through this form will be treated by MCAST in strict confidence and processed in accordance with our applicable Privacy Notice only for the purposes specified in the same notice.</p>			
Learner signature:		Date:	
If learner is under 16, complete the following section.			
Is the learner aware of the request to drop access arrangements?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent 1 / Legal Guardian 1		Parent 2 / Legal Guardian 2	
Name:			
Surname:			
Contact number:			
Email address:			
Signature:			
Date:			

FOR OFFICE USE ONLY			
Approved by:			
	<i>name and surname in block letters</i>		
Signature of IEU Deputy Director:		Date:	