BRISTOL COLLEGE *of* ACCOUNTANCY
For Professional Excellence

DISABILITY & SPECIAL NEEDS FORM - 2010

Note: This form must be completed in BLOCK CAPITALS by the candidate.

Section 1 – Personal Details

☐ Mr ☐ Mrs ☐ Miss

Surname _____ First Name _____

Date of Birth _____ Passport No. _____ Expiry Date _____

Section 2 – Disability / Special Needs Details

Please provide details of your disability or special needs. The details you provide here will be kept in strict confidence and will only be shared where necessary. These details will not form part of the selection process but will be used to assess whether we can take safe and reasonable steps to accommodate you. Continue on a separate sheet if necessary.

Section 3 – What Can We Do To Help

Please tell us what support and help we can provide to assist you. Continue on a separate sheet if necessary.

Candidate Signature _____ **Date** _____