**DECLARATION TO DROP ACCESS ARRANGEMENTS**

Subject TCAs

|  |  |  |  |  |  |  |  |  |  |
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| **Section A: LEARNER DETAILS** | | | | | | | | | |
| Name: | |  | | Surname: | | |  | | |
| ID No.: | |  | | Age: | | |  | | |
| Mobile no.: | |  | | Phone no.: | | |  | | |
| MCAST email address: | |  | | | | | | | |
| **Section B: SUBJECT DETAILS** | | | | | | | | | |
| * ALL SUBJECTS | | **OR** | | | | | | | |
| Subject 1: | |  | | | | | | | |
| Subject 2: | |  | | | | | | | |
| Subject 3: | |  | | | | | | | |
| Subject 4: | |  | | | | | | | |
| Subject 5: | |  | | | | | | | |
| Subject 6: | |  | | | | | | | |
| Subject 7: | |  | | | | | | | |
| Subject 8: | |  | | | | | | | |
| **Section C: DECLARATION** | | | | | | | | | |
| I would like to drop the access arrangement/s ticked below during the TCA/s of the subject/s mentioned in Section B: | | | | | | | | | |
| * Reader | * Scribe | | * Prompter | | * Extra time | | | * Quiet room | |
| * Other: | |  | | | | | | | |
| **Section D: CERTIFICATION** | | | | | | | | | |
| 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.  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. | | | | | | | | | |
| Learner signature: | |  | | Date: | | |  | | |
| **If learner is under 16, complete section overleaf.** | | | | | | | | | |
| Is the learner aware of the request to drop access arrangements? | | | | | | * Yes | | | * No |
|  | | Parent 1 / Legal Guardian 1 | | | | Parent 2 / Legal Guardian 2 | | | |
| Name: | |  | | | |  | | | |
| Surname: | |  | | | |  | | | |
| Contact number: | |  | | | |  | | | |
| Email address: | |  | | | |  | | | |
| Signature: | |  | | | |  | | | |
| Date: | |  | | | |  | | | |

|  |  |  |  |
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| ***FOR OFFICE USE ONLY*** | | | |
| Approved by: | *name and surname in block letters* | | |
| Signature of IEU Deputy Director: |  | Date: |  |