**Application for Special Arrangements for the CASC exam**

**Prior to completing this form, please ensure you have read the**

**[Eligibility Criteria and Regulations for MRCPsych Written Papers and](https://www.rcpsych.ac.uk/docs/default-source/training/examinations/exams-eligibility-criteria-and-regulations---november-2021.pdf?sfvrsn=83f28e63_34)**

**[Clinical Assessment of Skills and Competencies (CASC)](https://www.rcpsych.ac.uk/docs/default-source/training/examinations/exams-eligibility-criteria-and-regulations---november-2021.pdf?sfvrsn=83f28e63_34)**

Please refer to Section 18a of the Regulations which specifies the procedure for

special arrangements. Please note that special consideration may only be given in

advance of an examination. **Please complete electronically**.

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| **Candidate Number** | Click or tap here to enter text. |
| **GMC Number (if GMC registered)** | Click or tap here to enter text. |

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| --- | --- |
| **Your details** | |
| **Surname** | Click or tap here to enter text. |
| **Forename** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |

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| What is the nature of your application for special arrangements? |
| Dyslexia/Dyspraxia  Hearing  Mobility  Other  If other, please give details: Click or tap here to enter text. |
| **What special arrangements are you requesting?** |
| Extra Time  Other  **If other, please provide full and specific details:** Click or tap here to enter text. |
| **To qualify for special consideration candidates MUST supply evidence with this application (please tick):** |
| A written assessment from an educational psychologist **OR**  A report from your physician or appropriate healthcare professional, which  Includes a statement confirming that your difficulties warrant special examination arrangements **AND** specifies the **EXACT** arrangements required in the CASC exam  Setting  **AND**  A letter of support from their College Tutor (or supervising consultant or equivalent standing if applying from overseas).  Please tick this box if you have previously submitted evidence for examinations. |

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| **Declaration** | | | |
| I declare that to the best of my belief the information provided by me on this form is accurate.  I understand that the information given in this form will be provided to relevant persons associated with the Royal College of Psychiatrists, in the strictest confidence, for the purpose of authorising special arrangements. I consent to the College processing the information I have provided, by any means, and its use in approving special requirements for the CASC.  Such an application will be considered by the Chairman of the Examinations Sub-Committee. If a candidate is not able to supply the above documents within the application period, the candidate may choose to (i) withdraw, or (ii) proceed without special arrangements. | | | |
| **Signature** | Click or tap here to enter text. | **Date** | Click or tap here to enter text. |
| **Please attach to supporting documentation to an email, together with this form, to**:  Ian Hall, Chief Examiner  [examinations@rcpsych.ac.uk](mailto:examinations@rcpsych.ac.uk)  CASC Exam, Examinations Unit, Royal College of Psychiatrists,  21 Prescot Street, London E1 8BB. | | | |
| **For office use only:** | | | |
| Application checked and passed to Chief Examiner  Approved  Pending – more information required  Declined | | | |
| **Signature** | Click or tap here to enter text. | **Date** | Click or tap here to enter text. |