



# REQUEST FOR EXAMINATION ACCOMMODATION

ITA Customer Service  
800 - 8100 Granville Ave  
Richmond, BC V6Y 3T6  
Tel: 778-328-8700  
Fax: 778-328-8701  
Toll Free: 1-866-660-6011  
customerservice@itabc.ca

**PLEASE REVIEW TERMS AND REQUIREMENTS BEFORE COMPLETING THIS FORM**

This form is used by exam candidates who have permanent physical or learning disabilities or require English translation support and require exam accommodations. Note: Complete forms with supporting documentation must be received at least 30 days prior to requested exam date.

## A. Apprentice Information

Please print clearly and return form to the address noted above

ITA Individual ID #:	Examination Rewrite: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (MM/DD/YYYY):
Legal First Name:	Legal Middle Name (s):	Legal Last Name:
Phone Number: ( )	Secondary Phone Number: ( )	*Email Address:

\*All communication from ITA will be sent to the e-mail address provided.

Industry Training Program (Trade):	Type of Exam: <input type="checkbox"/> IPSE <input type="checkbox"/> C of Q <input type="checkbox"/> Level __
Preferred Location:	Preferred Date (MM/DD/YYYY):

Note: ITA will attempt to schedule exam on or close to the date requested, but the preferred date cannot be guaranteed.

## B. Request for Examination Accommodation

(please check the box for the type of accommodation you are requesting and complete "Schedule A")

English as a Second Language	Learning / Medical Disability (Schedule A required)
<input type="checkbox"/> Translator (provide translator declaration form) <input type="checkbox"/> Language dictionary <input type="checkbox"/> Other _____	<input type="checkbox"/> Reader <input type="checkbox"/> ITA provided <input type="checkbox"/> providing own reader, declaration form required <input type="checkbox"/> Time extension <input type="checkbox"/> Private sitting <input type="checkbox"/> Larger print for exam <input type="checkbox"/> Other _____

### Privacy Statement

The Industry Training Authority is committed to protecting the privacy of any personal information you may provide when filling an application form with us. The Industry Training Authority will not use or share any personal information provided by the applicants except with the consent of the individual to whom the information relates or as otherwise authorized by the Freedom of Information and Protection of Privacy Act.

### Certification and authorization for collection, use and disclosure of personal information

"I agree to allow ITA, in accordance with the BC Freedom of Information and Protection of Privacy Act, to use and provide to others the personal information I have provided on this form, as well as any other information necessary for administering the apprenticeship training program in which I am enrolled, including the application process, program delivery, evaluation and certification. I authorize ITA to provide my personal information for the previously stated purpose to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers and to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs. I also authorize ITA to make the status of my certification and apprenticeship publicly available."

### Attestation

"I attest that the information I have provided is complete and accurate; and I authorize ITA to verify its accuracy. I acknowledge that I read and understood that if I knowingly provide ITA with untrue information and/or false documents; ITA may refer the matter to legal authorities. Furthermore, I understand and agree that if I provide untrue information and/or false documents to ITA or fail to provide information requested by them; then ITA may, at its sole discretion, take actions including but not limited to denying me assessment and/or revoking credit or certification they have granted to me."

Applicant's Signature:	Date (MM/DD/YYYY):
Parent or Guardian (if Applicant is under 19 years old):	Date (MM/DD/YYYY):



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## Schedule A Request from Professional

A special accommodation is an adjustment to the standard way a written examination is taken.

ITA Individual ID #:	Program (Trade):	Date of Birth (MM/DD/YYYY):
Legal First Name:	Legal Middle Name (s):	Legal Last Name:

A Professional is a licensed physician, education psychologist, learning disability specialist, disability service advisor or a trained staff employed by a learning disability resource centre at a public high school or post-secondary institution. ITA will accept an Instructor to sign off as the "professional" based on the knowledge and assessment during the individual's technical training.

Professional Name:	Phone:
Professional Title:	Date (MM/DD/YYYY):
Address:	
Professional Signature:	

I certify that I have documentation on record to support the need for the applicant's accommodation for all ITA exams.

\_\_\_\_\_ was assessed in this office and requires:  
(Applicant Name)

- Reader
- Time extension
- Private sitting
- Larger print for exam
- Other \_\_\_\_\_

Special Notes: