



APPLICATION FOR EXAM CONCESSIONS

The ICB is committed to assisting students with disabilities or medical conditions.

Exam concessions allow all students equal access to educational opportunities and programs.


All documentation and information provided on this form will be kept confidential; however, the information may be shared with appropriate personnel on a need-to-know basis to facilitate the review of documentation or implementation of special requests.

- As per the ICB Examinations Policy, this document must be completed and submitted to the ICB **6 weeks prior** to **every exam session** where concessions are required.
- Any costs incurred for exam concessions are to be carried by the student / college / sponsor.
- No concessions are guaranteed by completing this form as applications must be reviewed by the Academic team to ensure fairness, transparency and academic integrity.

First Names	
Surname	
ICB Student Reference Number	
Date of Application	
Contact Telephone Number	
Contact Email	
Home address	

Academic information

Which subject is the concession for?	
Which exam / formative is the concession for?	
Have you previously applied for concessions?	
Have you previously been granted any concessions?	

	Document Name:	Application for special exam concessions
	Document Number:	ST.DOC.001.2025
	Approved date:	April 2025

Diagnosed Disabilities

Type	Specify:
Physical Disability	
Emotional Disability	
Psychological	
Hearing impairment	
Visual impairment	
Learning impairment	
Other	

Please describe your disability or condition

How does your disability impact you academically?


Please describe special equipment, technology or auxiliary aids that you would use in an exam situation.

Please list the academic assistance required from the ICB for your exam.

- Place a tick in the box to acknowledge that you have read and understand the ICB Examinations Policy.

DATE

SIGNATURE

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Internal Use Only		
Documentation Attached:		Received
	Proof of Neuropsych evaluation for Learning Disability	
	Proof of Physical Disability, Sensory Impairment or Medical Condition	
	Proof of Psychological Disability	
	Other:	
	Approved:	
	Date Approved:	
	List what has been approved:	
	Written acceptance of what ICB is providing (confirmation e-mail)	
	Notes:	

DATE

ICB SIGNATURE