Dida Qualifications

Notification of Access Arrangements

Centre name:		Centre number:					

Examination Series: Spring/Summer/Winter 200 (Please indicate entry series and year)

Access Arrangements were made for the following candidates in the Dida Examinations specified below:

Candidate Number	Candidate name	Subject	Access Arrangements

Declaration

I am satisfied that the information provided on this form is accurate and that Access Arrangements have been made on the basis of an established history of need and provision.

Signed: ……

Date: ……

Examinations officer/head of centre ……