



Special Needs Form

Special Need Identified

Assistance offered by College

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I understand that, while acceptance of the assistance documented above will support me in my studies, it does not in any way assure me of successful completion of the course.

.....
Applicant's signature

.....
Date

.....
Interviewer's signature

.....
Date

Authorisation by Training Manager or their representative

I hereby authorise

to provide the assistance required.

Name

Signature

Position.....

Date