IT Training and
Professional Development

RETURN THE FORM TO:

BCS
The Chartered Institute for IT
Professional Certifications
First Floor, Block D
North Star House
North Star Avenue
Swindon SN2 1FA
United Kingdom

T +44 (0) 1793 417 655
F +44 (0) 1793 417 559
E certifications@hq.bcs.org.uk
www.bcs.org/certifications
www.bcs.org

BCS Extra Time Request Form

Qualification Title:	[Please Select] Freedom of Information
Booking Reference No:	

Candidate No.		**BCS Membership No.** (If applicable)	

Is English your first language? Yes☐ No☐ **If No, please state your first language**

Is English your business language? Yes☐ No☐ **If No, please state your business language**

Title (Mr/Mrs/Ms/Dr etc)		**First Name**	
Surname/Last/Family Name		**Other Name(s)**	
Previous Surname (If applicable)		**Date of Birth** (DD/MM/YY) For validation purposes	

Home Address
(A home address for communications is required. All written correspondence will be addressed to your home address unless otherwise stated)

Address:			
Country:		Home Telephone No.:	
Post Code/Zip Code:		Mobile No.:	
Email Address:			

Provider (please tick):	**BCS/Provider Public** ☐ **Pearson Vue** ☐ **Prometric** ☐
Date of Examination:	
Venue of Examination:	

Copyright © BCS 2012

Extra Time (Please Tick)

Standard Time	Extra Time	Total	Please Tick
1 hour	15 minutes	1 hour 15 minutes	☐
90 minutes	30 minutes	2 hours	☐
2 hours	30 minutes	2 hours 30 minutes	☐
3 hours	45 minutes	3 hours 45 minutes	☐

The exam invigilator may refuse extra time to any candidate that has not completed this form.
Please sign below to confirm that you have read and understood this form.

Candidate Signature:		Date:	

Copyright © BCS 2012