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BCS Extra Time Request Form

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Qualification Title:	[Please Select]
Booking Reference No:	

Candidate No.		BCS Membership No. (If applicable)	
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Is English your first language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, please state your first language <input type="text"/>
Is English your business language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, please state your business language <input type="text"/>

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:	<input type="text"/>		
Country:	<input type="text"/>	Home Telephone No.:	<input type="text"/>
Post Code/Zip Code:	<input type="text"/>	Mobile No.:	<input type="text"/>
Email Address:	<input type="text"/>		

Provider (please tick):	BCS/Provider Public <input type="checkbox"/>	Pearson Vue <input type="checkbox"/>	Prometric <input type="checkbox"/>
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Date of Examination:	<input type="text"/>
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Venue of Examination:	<input type="text"/>
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Extra Time (Please Tick)

Standard Time	Extra Time	Total	Please Tick
1 hour	15 minutes	1 hour 15 minutes	<input type="checkbox"/>
90 minutes	30 minutes	2 hours	<input type="checkbox"/>
2 hours	30 minutes	2 hours 30 minutes	<input type="checkbox"/>
3 hours	45 minutes	3 hours 45 minutes	<input type="checkbox"/>

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:	
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