

# Name in capital letters\*

Please ensure that your contact details and information provided are accurate and any medical evidence in support of your condition are attached to this form in order to prevent any delay in processing your application.

**HEALTH FORM**

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| Date of Birth\* | Gender\* | ID Number |  |
| DD | MM | YY | O Male | Grade Registered for |  |
|  |  |  |  |  |  | O Female | Theory/Practical |  |

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# Contact details (Please use numbers that are attended at all times)

Telephone

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Mobile

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| **Please specify your special needs here:** |

Email

**I understand that all special needs requests are subject to approval from the exam board. I confirm that the information provided is true and accurate to the best of my knowledge.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian Signature** |  | **Date** |  |

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