

REQUEST FOR EXAMINATION ACCOMMODATION

Please print clearly and return form to the address noted above
Note: Complete forms with supporting documentation must be received 30 days prior to requested exam date.

A. Applicant's Information

ITA Individual ID:		I would like to receive notifications from ITA by: <input type="checkbox"/> e-mail <input type="checkbox"/> mail	
Legal Last Name:	Legal First Name:	Legal Middle Name (s):	

B. Request for Examination Accommodation (check all that apply)

<input type="checkbox"/> Translation Dictionary	Only dictionaries which translate words or phrases from English into candidates preferred language are permitted. Dictionaries which provide definitions, pictures, or examples are not permitted. Must be approved in writing by ITA prior to the exam. (No additional time permitted).
<input type="checkbox"/> Translator	The translator/interpreter will provide direct translation of the printed questions and answer options from the examination booklet from English into the candidate's preferred language, providing no additional information or interpretation of any kind to the candidate. Permitted upon receipt of completed ITA Request for Examination Accommodation form and signed Translator/Interpreter Declaration form. Individual exam session is scheduled to allow for additional 1 hour exam duration in recognition of the extra time required for translation.
<input type="checkbox"/> Additional Time	Attach a current written verification by an appropriate medical doctor, diagnostic specialist of your physical, mental or learning disability. Individuals taking training at a public high school/post-secondary institution may also utilize trained staff from the Disability Resource Centre. This verification should specifically identify your disability and recommend the type of exam accommodation requested. An individual exam session will be scheduled to allow for additional 1 hour exam duration.
<input type="checkbox"/> Reader	Attach a current written verification by an appropriate medical doctor or diagnostic specialist of your physical, mental or learning disability. Individuals taking training at a public high school/post-secondary institution may also utilize trained staff from the Disability Resource Centre. This verification should specifically identify your disability and recommend the type of exam accommodation requested. The Reader will read the printed questions and answer options from the examination booklet aloud providing no additional information or interpretation of any kind to the candidate. The Reader will not assist the candidate in any manner to answer questions or provide any prohibited assistance such as performing any calculations, measurements, or making answer selections on behalf of the candidate. Individual exam session will be scheduled to allow for additional 1 hour exam duration. ITA will provide a Reader. Individuals taking training at a public high school/post-secondary institution may also utilize trained staff from the Disability Resource Centre - A Reader Declaration form must also be submitted.
<input type="checkbox"/> Other	Please specify:

C. Examination Details

Industry Training Program (Trade):	Type: <input type="checkbox"/> IPSE <input type="checkbox"/> C of Q <input type="checkbox"/> Level __
Preferred Location:	Preferred Date (YYYY/MM/DD)::

Note: ITA will attempt to schedule exam on or close to the date requested, but the preferred date can not be guaranteed.

Certification and authorization for collection, use, and disclosure of personal information inside or outside Canada:

I certify that the information I (as apprentice, sponsor, or employer) have provided is accurate. In accordance with the Freedom of Information and Protection of Privacy Act, I authorize the Industry Training Authority to use and disclose the personal information I have provided on this form, as well as any further information necessary, for the purpose of administering the apprenticeship training program, including the application process, program delivery, evaluation, and certification. I authorize the Industry Training Authority to disclose my personal information for the above purposes to other agencies and ministries of the provincial and federal governments, and to apprenticeship officials in other jurisdictions, my sponsor, educational institutions, private trainers, and agencies, whether located inside or outside Canada. I also authorize the Industry Training Authority to make the status of my certification and apprenticeship publicly available. (NOTE: If you have any question about your personal information, contact a Client Service Representative at Industry Training Authority Customer Service at 1.866.660.6011.)

Applicant's Signature:	Date (YYYY/MM/DD):
Parent or Guardian (if Applicant is under 19 years old):	Date (YYYY/MM/DD):