



# Supplementary Entry Form for Candidates with Additional Needs

Name of Candidate: \_\_\_\_\_

Exam Grade: \_\_\_\_\_

Is this the Candidate's first SCT exam? \_\_\_\_\_

Name & Address of Parent / Guardian: \_\_\_\_\_

\_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Name & Address of Teacher: \_\_\_\_\_

\_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Category of Additional Need as specified on supporting documentation:  
eg. Sensory Impairment, Specific Learning Difficulty, Particular Physical Needs etc.

\_\_\_\_\_

Does Candidate need wheelchair access? YES / NO

Does Candidate require Parent or Carer to be present during exam? YES / NO

Does Candidate require use of own written notation during exam performance? YES / NO

Does Candidate require the exam sections to be taken in a particular order? YES / NO

If YES, please specify by placing 1, 2 or 3 as relevant in each box below

If Candidate chooses not to be examined in a specific section, please indicate below with an X

Performance

Repertoire & Aural Skills

Theory & Musical Knowledge

**Visually Impaired Candidates only:**

For Sight Reading (in Literacy section), which of the following options does candidate wish to avail of (please tick):

Large notation Sight Reading  Braille Memory Test

Please supply any further information about Candidate's needs not covered above :

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**Name / Signature of Person Completing Form:**

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Date:

**Please email or post this form together with supporting documentation where relevant to:**

**SCT Office**

Clasac, Alfie Byrne Road, Clontarf, Dublin 3, D03H973  
[sct@comhaltas.ie](mailto:sct@comhaltas.ie)

**Please Note:**

Supporting documentation, signed and dated within the last three years, can be:

- an assessment from an educational psychologist. The summary pages usually provide enough information for the purposes of SCT

or

- a letter from Additional Educational Needs Teacher/ Coordinator or School Principal on headed paper.