



ACCOMMODATION REQUEST FORM

ITA Customer Service
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@itabc.ca

This form is for individuals with a medical learning disability or individuals who require English translation support and must be submitted 30 days prior to the exam. This form must be accompanied by the Examination Application and the Translator/Reader Declaration if you are requesting a translator or reader.

1 EXAM CANDIDATE INFORMATION

ITA Individual ID #	Legal First Name	Legal Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Phone Number	Date of Birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 ACCOMMODATION

Please select the type of accommodation(s) you are requesting.

<p style="text-align: center;">English as a Second Language</p> <p><input type="checkbox"/> Translator (attach Translator Declaration Form)</p> <p><input type="checkbox"/> Language Dictionary</p> <p><input type="checkbox"/> Other _____</p> <p>If selecting any of these options, Section 3 is <u>NOT</u> required.</p>	<p style="text-align: center;">Learning or Medical Disability</p> <p><input type="checkbox"/> Reader (attach Reader Declaration Form) <input type="checkbox"/> Reader (ITA Provided)</p> <p><input type="checkbox"/> Time Extension <input type="checkbox"/> Private Sitting</p> <p><input type="checkbox"/> Other _____</p> <p>If selecting any of these options, Section 3 <u>MUST</u> be completed.</p>
---	--

Important Information: Exams with Translators or Readers will be given a 1-hour time extension. For more information regarding where you can schedule your accommodated exam, please visit our website at <https://www.itabc.ca/exams/accommodations-esl-disability-options>

3 PROFESSIONAL SIGNATURE AND APPROVAL

A Professional is a licensed physician, education psychologist, learning disability specialist, disability service advisor, accessibility advisor or trained staff employed by a learning disability or accessibility resource centre at a public high school or post-secondary institution.

Professional Name:	Professional Title	
<input type="text"/>	<input type="text"/>	
Phone Number	Address	
<input type="text"/>	<input type="text"/>	
I certify that I have documentation on record to support the need for the applicant's accommodation for all ITA exams.	Professional Signature	Date (MM/DD/YYYY)
	<input type="text"/>	<input type="text"/>

4 EXAM CANDIDATE SIGNATURE

PRIVACY NOTICE

The personal information on this form and other personal information that forms part of your apprenticeship record is collected, used and disclosed under the authority of the Freedom of Information and Protection of Privacy Act, Part 3, Division 1, Section 27 (1) (i) and is managed in accordance with that Act.

The information is used to (1) administer and monitor the apprenticeship training program in which you are enrolled, (2) administer your participation in the apprenticeship program, including the Interprovincial Standards Red Seal Program administered by the Canadian Council of Directors of Apprenticeship (CCDA), (3) plan, research and evaluate programs, (4) assist in the promotion of the apprenticeship and certification program in British Columbia, (5) identify persons for the purpose of financial awards, (6) identify persons for targeted correspondence that relates to their trade(s) or their involvement in apprenticeship training (ex: surveys, statistics, consultations).

I have read and understood the Privacy Notice and hereby authorize ITA to share my personal information record for the previously stated purpose with apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions and training providers, regulatory authorities and municipal, provincial and federal government bodies where the information is necessary for them to fulfill their legal responsibilities or manage apprenticeship-related programs.

By signing this form, you represent and warrant that all information you provide to ITA is true, accurate, current and complete and that you will update the information from time to time so that it remains true, accurate, current and complete.

Individual Signature	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>