

**THE WEST AFRICAN EXAMINATIONS COUNCIL, ACCRA**

**BASIC EDUCATION CERTIFICATE EXAMINATION**  
**FOR PRIVATE CANDIDATES, 2018**

**FORM FOR CANDIDATES WITH SPECIAL NEEDS**

*This form must be completed in duplicate. The original copy should be sent to the Council together with the registration documents.*

<b>INVOICE NO.</b>	<b>NAME OF CANDIDATE</b>	<b>BLIND*</b>	<b>LOW VISION*</b>	<b>HEARING IMPAIRED*</b>	<b>OTHER (SPECIFY)</b>

\* Please **tick** [√] as appropriate

<b>CORE SUBJECTS</b>	<b>ELECTIVE SUBJECTS</b>	<b>OPTIONAL SUBJECTS</b>

**NOTES:**

- (1) Applications from candidates should be accompanied by medical reports. It is imperative that the letters are detailed and with recommendations on the kind of access arrangement needed.
- (2) Requests without medical reports would not be processed.