



National Council on Technical & Vocational Education & Training

Gordon Town Rd., P.O. Box 179, Kingston 6, Jamaica W.I. Telephone: (876) 977-1700-5 Fax: (876) 977-1707, 977-1115

APPLICATION FOR SPECIAL NEEDS CANDIDATES

Name of Institution: _____

Skill Area: _____

Assessment Date: _____

<i>Trainee's Name</i>	<i>Nature of Disability</i>	Special Needs Requirement					<i>Recorder of Answers</i>	Specifications
		<i>Braille</i>	<i>Large Font</i>	<i>Visual Aid</i>	<i>Reader</i>	<i>Interpreter</i>		

I hereby certify that the information provided on this application is accurate and complete.

Principal/Manager: _____
Print Name

Signature

Date