



For Office Use Only
Application Reference Number _____
Date of Receipt _____

APPLICATION TO THE EXCEPTIONAL CIRCUMSTANCES BODY

Before completing this form you should read the information leaflet entitled “Information about the Exceptional Circumstances process and how to make an application to the Exceptional Circumstances Body”. You should particularly read Section 2 – “How to Apply”. This contains specific instructions to help you answer every question on this application form. If you require further assistance please contact the Exceptional Circumstances Body Secretariat - Tel: 028 91279871.

Applications to the Exceptional Circumstances Body must be made using this form. If continuation pages are needed please ensure they are clearly marked showing the relevant test and question. For example, “Continuation page 1 provides additional evidence in support of Test 3, Question H”.

The form can be completed as a typed Adobe PDF document downloaded from the NI Direct website, however, it cannot be submitted by e-mail as a signature is required together with original copies of evidence listed at Part C of the form. Otherwise, please use a black ballpoint pen and ensure that the form is completed legibly.

Part A

BASIC DETAILS

1. Name of Parent/Guardian	
2. Address of Parent/Guardian <i>(all correspondence will be sent to this address unless indicated otherwise)</i>	
3. Main contact name and telephone number for any enquiries	
4. Name of Child	
5. Gender of Child	Male <input type="checkbox"/> Female <input type="checkbox"/>
6. Date of Birth of Child	
7. Address where the child is currently living <i>(enter “as above” if applicable)</i>	

<p>8. Name of the school which it is claimed that the named child must attend. <i>(See paragraph 11 of the information leaflet.)</i></p>	
<p>9. Full postal address of the school which it is claimed that the named child must attend.</p>	
<p>10. Year Group that the child is seeking admission to <i>(8, 9, 10, 11 or 12?)</i></p>	
<p>11. For Year Group 8 admissions only – state the names (in full) of all schools applied to on the Transfer Form, and list them in the order of preference that they appeared on that form. <i>(See paragraph 12 of the information leaflet.)</i></p>	
<p>12. Name of school currently attended by the child. <i>If the child is not attending a school currently please state that. Name instead the school most recently attended by the child and the last date the child attended.</i></p>	
<p>13. Full postal address of the school named at Question 12.</p>	
<p>14. Name of primary school most recently attended by the child.</p>	
<p>15. In relation to the school specified at Question 8, have you enclosed a document showing that you have recently applied to this school for admission for this child and have been refused? <i>This document may be a letter from the school turning down this application. If the child has not yet started post-primary school or has recently started in Year 8 you may not have such a letter. If so, you must attach <u>both</u>:</i></p> <ul style="list-style-type: none"> - <i>a copy of the form that was completed to apply for a post-primary school for the child. You will have completed this form, the Transfer Form, at the start of the post-primary transfer process. On this form you will have listed, in order of your preference, the schools you wished the child to attend; <u>and</u></i> - <i>a copy of the letter from the Education and Library Board confirming the outcome of this application – the child’s placement in one of the schools that were listed on the Transfer Form or the child’s placement in none of them.</i> <p><i>(See paragraph 13 of the information leaflet.)</i></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

<p>16. For Year 8 admissions only - in relation to the school named at Question 8 and child named at Question 4 – have you submitted an appeal to an Admissions Appeal Tribunal against this school’s decision to turn down an application for admission?</p> <p>If yes, to which Education and Library Board did you submit this appeal.</p> <p>Indicate the outcome of any appeal if known, or the date scheduled for a hearing if the appeal has not yet been heard.</p> <p><i>(See paragraphs 14-15 of the information leaflet.)</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <hr/>
<p>17. Is the child in receipt of a Statement of Special Educational Need?</p> <p><i>Please note that if the answer to this question is “yes” then the Exceptional Circumstances Body cannot, by law, consider the application.</i></p> <p><i>(See paragraph 16 of the information leaflet.)</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Part B

THE THREE TESTS

Part B of this form contains three sections entitled:

Test 1 - Are the circumstances that are claimed exceptional?

Test 2 - Are the circumstances that are claimed personal to the child?

Test 3 - Do the circumstances that are claimed require the admission of the child to the school you have specified, and only that school?

The information that you enter in these three sections will be very important when your case is heard before an Exceptional Circumstances Panel. Your case will be successful only if the panel can answer “yes” to all three tests.

TEST 1:

Are the circumstances that are claimed exceptional?

A Panel will ask itself two questions in relation to the information that you provide here.

- Are the circumstances you have claimed exceptional?
- Has the existence of the circumstances you have claimed been proved?

The panel must answer “yes” to both these questions for your application to pass Test 1.

Question A - Please describe below the circumstances of the child which you believe to be exceptional? (See *paragraphs 19-21 of the information leaflet.*)

Question A *(Continued)*

Question B - Please identify below the documents that you have enclosed that prove the existence of these circumstances? *(See paragraphs 22-25 of the information leaflet. Part C of this form will ask you to number each document you enclose and you may refer to documents here using the enclosure number quoted in Part C.)*

Question C - If necessary, please explain how these documents support your claim. *(See paragraph 26 of the information leaflet.)*

TEST 2:

Are the circumstances that are claimed personal to the child?

A Panel will ask itself one question in relation to the information that you provide here.

- Are the circumstances you have claimed those of the child and not somebody else?

The panel must answer “yes” to this question for your application to pass Test 2.

Question D - Please explain below how the exceptional circumstances you have described for Test 1 are those of the child and not those of somebody else? (See paragraphs 27-29 of the information leaflet.)

TEST 3:

Do the circumstances that are claimed require the admission of the child to the school you have specified, and only that school?

A Panel will ask itself two questions in relation to the information that you provide here. (See paragraphs 30-31 of the information leaflet.)

- Are there things about the school you have specified that make it necessary for the child to attend that school?
- May no other school be an alternative school for the child?

The panel must answer “yes” to these questions for your application to pass Test 3.

Question E - You have specified a school that the child must attend and described the child’s circumstances. Please describe below the things about this school that make it necessary for the child to attend this school? (See paragraphs 32-35 of the information leaflet.)

Question E *(Continued)*

Question F - Please identify below the documents that you have enclosed which provide evidence of the things about the specified school that you have described in your answer to Question E? *(Part C of this form will ask you to number each document you enclose and you may refer to documents here using the enclosure number quoted in Part C. (See paragraph 36 of the information leaflet.)*

Question G - If necessary, please explain how these documents support your claim? *(See paragraph 37 of the information leaflet.)*

Question H - Please indicate which alternative schools you have considered for the child. For each school named, please provide the reason(s) why you have ruled it out as a possible school for the child. (See paragraphs 38-44 of the information leaflet.)

Part C

DOCUMENTS TO BE ENCLOSED WITH YOUR APPLICATION

Whilst completing Parts A and B of this form you will have noted the important role to be played in your application by the enclosure of documents. Original documents should be submitted, excluding the Transfer Form (if applicable) which will be a copy.

- In relation to all of the documents that you have enclosed with this application, please complete the table below. **Please note the need to number each document you have enclosed.** Some, or all, of the information provided as supporting evidence may be of a personal and sensitive nature. Please also indicate in the table below whether some, or all, of the supporting evidence submitted should be returned to you. (See *paragraph 46 of the information leaflet.*)

	Document Title	Where a document relates to one or more of the three tests in Part B, please indicate which test or tests each document supports	Do you want the document returned?	
			Yes	No
1			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
2			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
3			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
4			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
5			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
6			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
7			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
8			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
9			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
10			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>

Please note that:

- **The enclosure of one type of document(s) is absolutely essential** – see Part A, Question 15 where you are required to enclose documentation which shows that:
 - you have recently applied for admission for this child to the school you have specified; and
 - admission has been refused.
- **For Part B, Test 1, it is also likely to be essential** that you enclose documentation that proves the existence of the exceptional circumstances that you have claimed relate to the child. Please note, in order to provide evidence of the circumstances you are claiming, a document must come from an appropriate source. An appropriate source will often be a qualified professional with personal knowledge of the child and/or the circumstances claimed as exceptional. Please see the Information Leaflet for advice on this.
- **For Part B, Test 2 and/or Test 3**, it may also help your application to enclose documents that support your case.
- If you are enclosing several pieces of supporting evidence **please ensure that the correct postage amount has been paid to cover the contents of the envelope**, otherwise the envelope will not be accepted and your application will be delayed.

The information provided in Parts A, B and C will be shared with the Board of Governors of the post-primary school named at Part A, Question 8, and anyone else whose views need to be sought on the circumstances claimed as being exceptional.

2. **Declaration** – please sign below to confirm the following:
(See *paragraph 47 of the information leaflet*.)

I declare that all of the information provided in this application is truthful. I am content for this information to be used by the Exceptional Circumstances Body (including its Secretariat) in accordance with the Data Protection Act 1998 for the purposes of determining whether a claim of exceptional circumstances should be successful. I am content for the Body's Secretariat to make enquiries about support offered/provided by the school currently, or most recently, attended by the child and/or an Education and Library Board if this is relevant to the circumstances described in the application. I also confirm that the child named in Part 1 of this form is of statutory school age.

Signature of Parent/Guardian _____ Date _____

The Exceptional Circumstances Body is committed to ensuring that information of a personal and sensitive nature is stored in an appropriately secure environment.

COMPLETED APPLICATION FORMS SHOULD BE SENT TO:

The Exceptional Circumstances Body - Secretariat

Rathgael House

43 Balloo Road

Rathgill

BANGOR

BT19 7PR





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REQUEST FOR EQUALITY MONITORING INFORMATION

As a Body established by the Department of Education, it is incumbent upon the Body to comply with statutory equality duties under Section 75 and Schedule 9 of the Northern Ireland Act 1998.

To help meet this duty, the Body needs to collect certain information about the child to which this claim relates, over and above that which is required to process a claim of exceptional circumstances.

The following information that is requested will be used solely for monitoring purposes to assess the extent to which this Body is meeting its statutory duties in relation to equality. This information will be stored securely and will not be made available to anyone except when required by law.

Please tick the relevant boxes as they apply to the child for whom exceptional circumstances are being claimed.

Equality Category		Please select		Please select		Please select		Please select		Please select
Racial Group	White	<input type="checkbox"/>	Black	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
Community Background	Catholic	<input type="checkbox"/>	Protestant	<input type="checkbox"/>	Other	<input type="checkbox"/>				
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>						
Disability*	Disabled	<input type="checkbox"/>	Non-disabled	<input type="checkbox"/>						
Dependents	With dependents	<input type="checkbox"/>	Without dependents	<input type="checkbox"/>						

* *The Disability Discrimination Act (often referred to as the DDA) describes a disabled person as someone who has “a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.”*

<p>COMPLETED EQUALITY MONITORING FORMS SHOULD BE SENT TO:</p> <p>The Exceptional Circumstances Body Secretariat, Rathgael House, 43 Balloo Road, Rathgill, BANGOR BT19 7PR</p>
