Information Required by PSC Regional Contact Persons for Participants taking the AFKT

DEPARTMENT'S NAME: _____

Name of Test Taker(s) [Note 1]	Language of Test (English or French)	Requested Access to AFKT in both official languages (YES or NO)	Testing Accommodations Required [Note 2] (YES or NO)	Test Location	Agreed Date and Time with PSC for Testing

NOTE [1]: Please advise participants about the availability of information on the AFKT at http://www.psc-cfp.gc.ca/ppc/afkt_e.htm (Information Sheet)

NOTE [2]: Dates for assessing people requiring accommodations will have to be determined with the PSC on a case-by-case basis.