

## SCHEDULE

Regulation 5

This Schedule sets out the new Schedule 6 to the British Nationality (General) Regulations 2003 to be inserted after Schedule 5 to those Regulations—

*Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.*

“SCHEDULE 6

Paragraph 5 of Schedule 1

**Waiver request for the knowledge of language and life in the UK requirement – medical opinion**

This form is to support a request for waiver from the knowledge of language and life in the UK requirement, for a person applying for settlement in the United Kingdom or naturalisation as a British citizen. It must be completed by a General Medical Council registered medical practitioner who is able to comment on the individual’s condition.

Applicant’s name:

Date of birth:

In your professional opinion please state:

1. What is the nature of the person’s condition?
2. How does their condition impact on their daily life?
3. How would this condition prevent them from learning English? There are a number of ways to learn English, including classes and home study. The language requirement for citizenship and settlement is only for speaking and listening skills – not reading and writing.
4. How would this condition prevent them from studying for the knowledge of language and life in the UK test? The study materials are available in a number of formats including audio.
5. How would this condition prevent them from sitting the knowledge of language and life in the UK test or taking an English test? The knowledge of language and life in the UK test can be taken in an audio form, and that test centres can cater for a range of disabilities. It is computer-based and comprises 24 questions with multiple choice answers. Candidates are allowed 45 minutes and the pass mark is 18 correct answers.
6. In your opinion is this condition likely to improve sufficiently for them to be able to study and take the required tests? If so, is this likely to do so within the next 2 years?
7. In what capacity you have dealt with this person, for example as GP, consultant, other medical professional?
8. Have you worked professionally with this person other than for the purposes of this report, and over what period?

Please state your profession/qualifications and any registration number(s).

Signature:

Date:

Name in capitals: