

Extenuating Circumstances Form

Qualification Framework

Name

Candidate number

The information provided within the form is confidential and will only be shared with the Extenuating Circumstances Panel (a maximum of 3 members) of the Qualification Panel in order to assess your extenuating circumstances

We need you to complete all the information below to the best of your knowledge, and to provide appropriate supporting documents e.g. medical certificate.

Email address	
Telephone number	
Date of exam cycle/ portfolio	
submission affected	
Outline your request below:	
Supporting document/s attached	YES / NO
	. = 0,
Name of employer/ local authority	
Name of line manager	
Email address	
Telephone number	

Employer supporting information/comments Employer signature Date: Candidates signature Date: OFFICE USE ONLY QP members Review date Request UPHELD / NOT UPHELD Information to be provided to the candidate QP Member signature			
Signature Date: Candidates Signature Date: OFFICE USE ONLY QP members Review date Request UPHELD / NOT UPHELD Information to be provided to the candidate QP Member signature	Employer supporting information/comments		
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CTSI Executive			
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The form should be completed without delay and before **1**st **February** to ensure CTSI are made aware as quickly as possible of your extenuating circumstance.

Please Note: We will no longer accept applications after 1st **February** for Coursework and Portfolios only.

Forms should be emailed to: qualifications@tsi.org.uk. You will receive a holding email to ensure receipt of your Extenuating Circumstances form being received.

The Education team will be in contact with you regarding the outcome of your request within 10 working days of your application.