

Application for extensions

If a candidate wishes to apply for an extension for work that is part of the CTSI Professional Competency, the individual will need to complete an extenuating circumstances form and provide any supporting evidence for this request.

This form and supporting information/evidence will be sent to CTSI.

A maximum number of three Qualification Panel (QP) members will be requested by CTSI to review the documentation and provide a final conclusion.

The form should be completed without delay to ensure CTSI are made aware as quickly as possible of the extenuating circumstance. Forms should be emailed to: qualifications@tsi.org.uk , an email to confirm receipt of the extenuating circumstances form will be provided.

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

CTSI Professional Competency

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.

Name	
Candidate number	
Email address	
Telephone number	
Date of exam cycle/ portfolio submission affected	

Outline your request below:

Supporting document/s attached	YES / NO
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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	
QP Member signature	
QP Member signature	
CTSI Executive signature	