



Employer supporting information/comments

Employer signature	
Date:	

Candidates signature	
Date:	

**OFFICE USE ONLY**

QAB members	
Review date	
Request	UPHELD / NOT UPHELD

Information to be provided to the candidate

QAB Member signature	
QAB Member signature	
QAB Member signature	
CTSI Executive signature	

The form should be completed without delay to ensure CTSI are made aware as quickly as possible of your extenuating circumstance. Forms should be emailed to: [qualifications@tsi.org.uk](mailto:qualifications@tsi.org.uk) you will receive an email to confirm receipt of your extenuating circumstances form.

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