



Extenuating Circumstances Form

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.

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

Outline your request below:

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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	

The form should be completed without delay and before **1st 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