**NOTIFICATION OF MITIGATING CIRCUMSTANCES FORM**

This form should be completed if you wish to submit mitigating circumstances relating to your sitting your OSFA at the scheduled time. In submitting this form, you are declaring that you have read and understood the scope of the Policy on Mitigating Circumstances for the OSFA.

Mitigating circumstances **must be notified within 2 working days** of the scheduled OSFA event to which they relate, together with supporting evidence where available immediately. If there is a delay in obtaining the supporting evidence, you should submit the form within the time allowed, followed by the supporting evidence as outlined in the policy.

As described in the policy, details of your submission will be forwarded to the Chair of the relevant examination board to note and where applicable, consider in relation to the outcome from your OSFA.

Submissions should be emailed to: [NSHCS.assessment@hee.nhs.uk](mailto:NSHCS.assessment@hee.nhs.uk)

*Section 1*

**DATE:**

**TRAINEE NAME:**

**TRAINEE CONTACT DETAILS:**

**EMAIL:**

**MOBILE:**

**LANDLINE:**

**SPECIALTY:**

**THE OSFA EVENT AND DATE TO WHICH THE MITIGATING CIRCUMSTANCES APPLY:**

**STP Generic:**

**STP Specialist:**

**ASP:**

**The NSHCS may need to contact your training officer to provide an update on your circumstances in the event you are undisposed, please give their details below:**

**TRAINING OFFICER:**

**NAME:**

**EMAIL:**

**Is your training officer aware of your submission?**

**YES: NO:**

*Section 2(a)*

**MEDICAL CIRCUMSTANCES**

(To be **completed by a medical practitioner** or accompanied by medical certifications. Continue on blank sheet provided if necessary).

**Please state the nature and severity of the trainee’s medical condition and describe any consequences of the illness and/or treatment that may be relevant. Please provide the dates when the illness started and when the trainee was/will be fit to work.**

**Signature of Medical Practitioner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Medical Practitioner’s official Stamp:

*Section 2(b)*

**NON-MEDICAL CIRCUMSTANCES**

(To be completed by the trainee. Continue on blank sheet if necessary)

**Please give a brief description of the circumstances that you believe affected your OSFA attendance or performance, accompanied by supporting evidence. Please state the dates on you were affected and an explanation of how the situation affected your attendance or examination performance.**

***Signature of Trainee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_***

*Section 3*

**Please state the nature of the evidence attached:**

**If evidence is not available immediately, please state when you will forward the evidence:**

**Please note that, where applicable, delays may hold back the release of your OSFA outcome.**