**National School of Healthcare Science**

**Exceptional Extenuating Circumstances Application Form**

You should complete and submit this form if you feel that personal, medical, or problems outside your control have negatively affected, or will affect, your ability to complete the required training activities within the timescales agreed for the programme.

This form together with any evidence trainees wish to be considered must be submitted a minimum of 5 working days prior to the training management panel being held.

If you require assistance in completing this form or further advice about this process, please contact any of the following sources of advice

* Your Training Officer/supervisor or Head of Department
* The National School of Healthcare Science [nshcs@hee.nhs.uk](mailto:nshcs@hee.nhs.uk) or 0121 695 2523

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| **Personal details** | | | |
| **Name:** | | **Email address:** | |
| **Training programme:** | | **Specialism:** | |
| **Department & employer:** | | **Training officer/supervisor name:** | |
| **Year of entry:**  **Anticipated year of completion:** | | **Training officer/supervisor email:** | |
| **Period and length of time your training has been affected by your circumstances length of extension you are applying for and type of change requested:** | | | |
| **From:** | | | **To:** |
| **Total length of time:** | | | |
| **Total length of extension requested** | | | |
| **Type of change requested (tick which one applies)**  **🞏 Extension of training time**  **🞏 Deferral of training**  **🞏 Step off training**  **🞏 Career break** | | | |
| **Reasons for your application and the evidence provided to support it (tick those that apply) including evidence that the application is supported by the employer** | | | |
| **Hospitalisation**  **🞏** | **Evidence (please enclose any relevant documents):** | | |
| **Mental or physical Illness**  **🞏** | **Evidence (please enclose any relevant documents):** | | |
| **Bereavement**  **🞏** | **Evidence (please enclose any relevant documents):** | | |
| **Unexpected carer responsibilities**  **🞏** | **Evidence (please enclose any relevant documents):** | | |
| **Sudden return home**  **🞏** | **Evidence (please enclose any relevant documents):** | | |
| **Training delivery**  **🞏** | **Evidence (please enclose any relevant documents):** | | |
| **Other (specify)**  **🞏** | **Evidence (please enclose any relevant documents):** | | |
| **Minimum evidence required to submit the application** | | | |
| **Training plan**  **🞏** | **Evidence (please enclose you proposed revised training plan)** | | |
| **Support from employer**  **🞏** | **Application must be signed by Training Officer/Supervisor or other representative from the employer. (please enclose any relevant documents):** | | |
| **Funding (if applicable e.g. extension of time)**  **🞏** | **If funding implications for the request, evidence that the relevant local commissioner has been made aware of the application and advised on funding available:** | | |
| **Describe your extenuating circumstances, how they have affected your ability to complete the required training activities and what outcome you are requesting from the training management panel** | | | |
|  | | | |
| **Declaration** | | | |
| The information which I have provided regarding my extenuating circumstances is correct and complete to the best of my knowledge. I give my consent for this information to be disclosed to the relevant training management panel and members of the National School of Healthcare Science who are responsible for considering my case. I also understand that this claim for extenuating circumstances will be kept on my trainee record and may be referred to at any subsequent meetings relating to my training.    **Note that fraudulent claims for extenuating circumstances are taken extremely seriously by the National School of Healthcare Science and could result in your removal from the training programme.** | | | |
| **Signed: (Trainee)** | | | **Date:** |
| **Signed (Training Officer/Supervisor)** | | | **Date:** |