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# **Extensions request for part-time medical professionals**

This application applies to all medical professionals **contracted to work part-time while** pursuing the BSE accreditation process.

Please complete the following and submit asupporting letter **stating the percentage of time you work, e.g. 60% (on letterhead or a PDF of a company email),** and a copy of your **employment contract.**

|  |  |
| --- | --- |
| **FULL NAME** |  |
| **BSE ID** | Click or tap here to enter text. |
| **EMAIL ADDRESS & TELEPHONE NO.** |  |
| **NAME OF INSTITUTION** |  |
| **JOB TITLE** | Click or tap here to enter text. |

Percentage of time worked: select as appropriate

|  |  |
| --- | --- |
| **ACCREDITATION TYPE** | Choose type |
| **LOGBOOK PRACTICAL ASSESSMENT DEADLINE** | Click or tap to enter a date. |
| **LENGTH OF EXTENSION REQUIRED** | Choose an item. |
| **SUPPORTING LETTER & EMPLOYMENT CONTRACT PROVIDED (ATTACHED)** | Yes  No |

Candidate sign off

PRINT NAME: Click or tap here to enter text.

SIGN:

DATE: Click or tap to enter a date.

Head of department/line manager sign off

PRINT NAME: Click or tap here to enter text.

SIGN:

DATE: Click or tap to enter a date.

EMAIL & TELEPHONE NO: Click or tap here to enter text.