

Extension Request Form

This form is for use when requesting an extension to the case collection deadline for **all accreditation types** and/or for **reaccreditation**. Please complete the form clearly and on completion send to BSE Unit 204, 164-180 Union Street, London, SE1 0LH along with a cheque for **£100 payable to 'BSE'** or pay via **BACS**, Bank: Natwest- Account number: 73699519- Sort code: 53-70-15.

1. This fee covers administration costs and will not be refunded if the request for an extension is denied.
2. Extensions are not guaranteed.
3. Only in exceptional circumstances will a second extension be granted: this will need to be discussed in person with Chair of Accreditation.

Full Name _____ Membership No. _____

Extension request for: Logbook Submission Current Submission deadline: _____

Reaccreditation Current Reaccreditation date: _____

Number of months requested: _____ TTE / TOE/ Community/CC/Stress/Level I _____

Written exam date (if applying for an extension to the Logbook Submission deadline) _____

Supervisor name and supervising unit/place of work _____

Email Address: _____

Extensions will be considered for the following categories only. Each application **MUST** be accompanied by supporting information as detailed in the table below, **we will not consider** extensions without this information. Applications which do not fulfil the categories below are unlikely to be granted.

Extenuating circumstance	Supporting documentation required	Extension time	Deadline	Please tick
Parental leave £10 fee payable	Confirmatory letter from your line manager	Up to one year: extensions of over one year need to be discussed with Chair	Not less than three months before leave is to be taken	<input type="checkbox"/>
Personal ill Health (includes physical or psychological)	Letter from a healthcare provider, e.g. GP/specialist/occupational health	Usually, six months may be extended on a case by case basis up to one year	Not after return to full duties	<input type="checkbox"/>
Ill health in a dependent	Letter from a healthcare provider, e.g. GP/specialist/occupational health	Usually, six months may be extended on a case by case basis up to one year	Not after return to full duties	<input type="checkbox"/>
Secondment to other duties due to internal work flow	Letter from your line manager	Up to one year	Not less than three months before commencement	<input type="checkbox"/>
Secondment for research or industry opportunity	Letter from your research supervisor or line manager	Up to one year	Not less than three months before commencement	<input type="checkbox"/>
Secondment to other specialty training, e.g. on rotation	Letter from your educational supervisor/training programme director or college tutor as appropriate	Up to one year	Not less than three months before commencement	<input type="checkbox"/>

Signed Applicant: _____ Date: _____

Signed Immediate Line Managers: _____ Date: _____
(PLEASE PRINT NAME)