



Extensions request for part-time medical professionals

This application applies to all medical professionals who are contracted to work part time and pursuing the BSE accreditation process.

Please complete the following and submit with a supporting document of percentage of time that you work- e.g 60% (on letter head or a PDF of a company email).

FULL NAME	
BSE ID	
EMAIL ADDRESS & TELEPHONE NO.	
NAME OF INSTITUTION	
JOB TITLE	

Percentage of time worked:

ACCREDITATION TYPE	
LOGBOOK DEADLINE	
LENGTH OF EXTENSION REQUIRED	
SUPPORTING DOCUMENT/LETTER PROVIDED (ATTACHED)	

Candidate sign off

PRINT NAME:

SIGN:

DATE

Head of department/line manager sign off

PRINT NAME:

SIGN:

DATE:

EMAIL & TELEPHONE NO: