CODE: FORM P9 S9 C4

Learner Application for Extension

The purpose of this form is to facilitate you in extending a deadline for an assessment on the basis of exceptional circumstances. **Please complete the application form in full from <u>Section 1 to Section 4</u> inclusive.**

It is the responsibility of the learner to ensure that this form is submitted to Forus Training **<u>prior</u>** to the submission deadline.

PLEASE NOTE: Forus Training adheres to a strict deadline policy. <u>Applications received after the submission deadline</u> **will not** <u>be accepted</u>.

In the case of late submissions where an extension has not been granted prior to the submission deadline:
- a penalty fee of €100 must be paid to Forus Training or the learner's assessment will not be accepted and processed;
- the learner must complete a <u>Late Submission of Assessment Application Form</u>; and
- the certification process will be delayed until the next certification period – this is entirely at the discretion of the Head of Certification.

Section 1: Learner Declaration

I confirm that I have read and understood Sections 1, 2 and 3 of this Application Form and that the information given in this form is true and factually correct.

Print name:	

Signed:		Date:	

Your application will be considered, and a manager will get in touch with you regarding the decision whether compassionate consideration has been granted as **soon as possible and not later than five working days**. Decision is entirely at the discretion of the manager. This decision is final. Please note a copy of this processed form will be sent to your trainer to inform them of the outcome.

Section 2: Your Details   PLEASE USE BLOCK CAPITALS

First Name:		Surname:	
Address:		Phone Number:	
		Mobile:	
E-mail Address:		Date:	

Section 3: Assessment Details

Course you are attending:	

Assessment Type:		Value (% of overall grade):	
Date of Deadline:		Extension Required (days / weeks) :	
Trainer:			

Section 4a: Please indicate the impact of these special circumstances on your assessment
Complete one, or both of the statements below:

Unable to attend Forus Training classes / examination / assessment / skills demonstration / other	*from*		*to*	
Capacity to complete project or assessment affected	*from*		*to*	

Section 4b: Nature of your extenuating circumstances.

Please describe the circumstances (use an additional page appended to this form if necessary). Please be specific as to the impact of these circumstances on your attendance or on the timely completion of your assessment. This information is confidential and will only be considered by the relevant trainer and approval Manager. **Appropriate original supporting evidence must be supplied if relevant.**

Section 4c: Please tick the box below which best describes your extenuating circumstance:
*Forus Training requires that evidence for certain circumstances must be provided and are indicated below.

❑ Physical illness, injury, accident or hospitalisation	Appropriate original supporting evidence **must** be supplied by a registered medical professional.
❑ Family illness (Specify relationship)	Appropriate original supporting evidence **may** be supplied if available.
❑ Bereavement (Specify relationship)	Appropriate original supporting evidence **may** be supplied if available.
❑ Victim of crime	Appropriate original supporting evidence **must** be supplied by a member of An Garda Síochána, or use the previous option if the crime has resulted in serious personal or emotional circumstances.
❑ Other, please specify: _____	Appropriate original supporting evidence **must** be supplied.

*GDPR – Please be advised that the outcome of this process will be documented on this form and the outcome communicated to both you and your tutor.

Outcome (for approval manager completion only)

Revised deadline date: _____   Decision: Granted ☐   Denied ☐

Managers Name: _____

Signature: _____

Date: _____

For administration and information purposes please scan and email the completed form to learner cc to the trainer