



EXTENSION REQUEST FORM

Guidance for applicants:

All extension requests must be submitted **prior** to the deadline date which is the last neonatal study day of the programme.

Complete this form and submit it **by email** to the programme team prior to the deadline date.

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An extension can be granted for up to 10 working days. You will be advised by email whether your extension request has been approved.

If you need more than 10 days, you should consider submitting an application for an extenuating circumstances form.

First Name Surname

Unit Name

Extension Request:

I am requesting an extension ofworking days (enter a number 1-10)

Reason for Requesting Extension:

Please provide a description of why you are applying for an extension.

THE FOLLOWING SECTION IS TO BE COMPLETED BY A MEMBER OF THE PROGRAMME TEAM.

Request approved YES NO

Extension Approved: - new submission date

Reason for refusal: