



EXTENUATING CIRCUMSTANCES FORM

Use this form to provide details of your extenuating circumstances that have **directly affected** your ability to complete the Y&H Neonatal documents.

This application should be accompanied by appropriate documentary evidence providing independent third-party corroboration of the circumstances you submit.

Dates affected by Extenuating Circumstances:

From:

To:

Use the space below to describe your Extenuating Circumstances:

Examples of the type of evidence required include:

Extenuating Circumstance reason	Example evidence
Significant illness or injury to self	<ul style="list-style-type: none"> • Medical certificate or prescription • Hospital letter or note
Death or critical/significant illness of a close family member/dependent	<ul style="list-style-type: none"> • Death certificate • Obituary notice
Family crisis or major financial problems leading to acute stress	<ul style="list-style-type: none"> • Medical certificate/hospital letter or note • Documents relating to the issue
Absence for jury service or maternity, paternity or adoption leave	<ul style="list-style-type: none"> • Statement from independent professional, including counsellor, victim support or legal advisor • Official letters/documentation
Victim of crime	<ul style="list-style-type: none"> • Police report • Statement from independent professional, including counsellor, victim support or legal advisor
Work commitments (in rare cases)	<ul style="list-style-type: none"> • Letter from employer



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: