

Chartered Environmental Health Practitioner Programme Extenuating Circumstances Application

This form is to be used if you would like Extenuating circumstances to be taken into consideration in relation to your assessment. Please read the Extenuating Circumstances Policy before sending an application to make sure that you understand the circumstances and situations that can be considered.

Please complete and return this form to:
info@cieh.org with the subject line 'Confidential: Extenuating Circumstances Application'. Alternatively, you can mail it to: CIEH, Chadwick Court, 15 Hatfields, South Bank, London SE1 8DJ

Deadline for submitting claims:

- Applications for Special Considerations must be received no later than 7 days from the date on which the assessment was taken.
- Applications for Reasonable Adjustments must be received 3 months from practitioners enrolling on the programme or 1 month from the time the condition requiring the Reasonable Adjustment occurred.

Personal details

Name:

ARN:

Email:

Telephone:

The assessment(s) you wish extenuating circumstances to be considered for:

Programme title:

Date:

Candidate number:

Extenuating circumstances details

Reasonable adjustments

Special considerations

Other
(please state):

Supporting documentation

Please indicate the type of supporting documentation that you have provided with your application:

Medical or death certificate

Employer's letter

Other (please state below):

GP or Physiotherapy letter

I do not have the evidence yet but will submit it within 28 calendar days from assessment date

Police/Emergency Services Report

All supporting documentation must be provided in English. If the original language of your supporting documentation is not in English, you will need to supply a certified translation of this along with your application.

Explanation of the extenuating circumstances applied for

Please provide a clear and concise explanation of how the circumstances were beyond your control:

Please explain the effect they have/had on your ability to undertake/complete the assessment or to otherwise complete the programme:

Please provide the exact dates of the period(s) affected by your extenuating circumstances:

Signature:

Date: