



## STIF COMPETENCY EXTENUATING CIRCUMSTANCES FORM REQUEST FOR TRAINING EXTENSION

**1. Your details. Please ensure all sections are completed in full. Please print clearly or type**

<b>DATE :</b>	
<b>Name of Competency Programme</b>  <b>**PLEASE TICK TRAINING PROGRAMME**</b>	<input type="checkbox"/> STIF Intermediate Competency <input type="checkbox"/> STIF Integrated Competency <input type="checkbox"/> STIF Advanced Competency <input type="checkbox"/> STIF Complete Competency <input type="checkbox"/> STIF Sexual Health Advising Competency <input type="checkbox"/> STIF Combined Competency <input type="checkbox"/> STIF Complete Competency <input type="checkbox"/> STIF Gateway Competency <input type="checkbox"/> STIF NHIVNA Advanced / Core <input type="checkbox"/> Revalidation (Please state which competency)
<b>Full Name</b>	
<b>Workplace/location of training</b>	
<b>Email Address</b>	
<b>Name of Registered STIF Competency Trainer</b>	
<b>Trainer Email Address</b>	
<b>Is this your first extension request?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**2. Summary of details of the extenuating circumstances**

*Please tick the box(es) that most accurately summarise your circumstances*

Accident	Medical	Change in working circumstances/ new post	
Injury	Jury Service	Trainer left service	
Bereavement	<i>Impact of COVID-19</i>	Other (specify)	

Cont'd

**3. Details of the extenuating circumstances**

Please briefly describe the circumstances which have adversely affected your ability to complete your training and assessments within the prescribed time period: (continue on a new page if necessary)

**4. Documentary evidence: A letter/ email of support from your Trainer is required.**

Doctor's certificate		Hospital Letter		Police Report		Trainer Letter	
Other (please specify)							

**5. Other information: Please give any other information that you think may be relevant**

**6. Declaration to be signed by Trainee and countersigned by Registered STIF Competency Trainer**

- I declare that I have discussed my request for training extension deadline with my Registered STIF Competency Clinical Trainer.
- I declare that the information given in this Extenuating Circumstances Form is that I would be willing, if required, to answer further questions related to it.

**Name of Trainee:**

Signed:

DATE:

**Signature of Registered STIF Competency Clinical Trainer:**

Signed:

DATE:

**PLEASE EMAIL TO : [STIF@bashh.org](mailto:STIF@bashh.org)**

Please retain a copy for your records