



Unsuccessful Attempts Form

Qualification Framework

The information provided within the form is confidential and will only be shared with the Qualifications Panel (a maximum of 3 members) of the Qualification Panel to assess your extenuating circumstances.

We need you to complete all the information below to the best of your knowledge.

Name	
Candidate number	
Email address	
Telephone number	
Date of exam cycle/ examination affected	

Outline which examination has been affected:

Outline your Plan of Action in order to sit this examination again, successfully:

Name of employer/ local authority	
Name of line manager	
Email address	
Telephone number	

Employer supporting information/comments
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Employer signature	
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Date:	
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Candidates signature	
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Date:	
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OFFICE USE ONLY

QP members	
Review date	
Request	UPHELD / NOT UPHELD

Information to be provided to the candidate

QP Member signature	
QP Member signature	
QP Member signature	
CTSI Executive signature	

The form should be completed without delay.

Forms should be emailed to: qualifications@tsi.org.uk. You will receive a holding email to ensure receipt of your Extenuating Circumstances form being received.

The Education team will be in contact with you regarding the outcome of your request within 10 working days of your application.