**Mitigating Circumstances Form**

A ‘Mitigating Circumstances Form’ can be submitted by any member of NRoSO at the end of their membership term if they have been impacted by circumstances beyond their control which may have adversely affected their achievement of CPD points. For example, medical matters or actions of an employer.

Please note that we cannot guarantee that any allowance will be made, the final decision will be made by the Professional Registers Manager.

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| --- |
| **MEMBER DETAILS** |
| Title: | Mr [ ]  Mrs [ ]  Ms [ ]  Dr [ ]  Other (please specify) [ ]  |
| Gender: | Male [ ]  Female [ ]  Prefer not to say [ ]  |
| Surname (last name) |  | First name(s): |  |
| Date of Birth |  | NRoSO Member No |  |
| Home Address |  |
|  Town |  |
|  Postcode |  | Country if not UK |  |
| Home telephone |  | Personal mobile No |  |
| Personal email address |  |
| **EMPLOYER DETAILS** |
| Name of Employer |  |
| Work address |  |
| Town |  |
| Postcode |  | Country if not UK |  |
| Work telephone |  | Work mobile No |  |
| Work email address |  |
| Employer contact name  |  | Employer contact email: |  |

|  |  |  |
| --- | --- | --- |
| **DO THE EXTENUATING CIRCUMSTANCES RELATE TO:** | **Yes** | **No** |
| Acute illness: |[ ] [ ]
| Maternity Leave: |[ ] [ ]
| Injury/ Illness: |[ ] [ ]
| Other (please state): …………………………………………………….. |[ ] [ ]

continued……..

|  |  |
| --- | --- |
| Full description of the extenuating circumstances which should include details of the length of time you have been or will be affected by the circumstances\*:*Note: This explanation must be supported with official evidence e.g. Doctor’s certificate:* |  |
| Date the circumstance started: |  |
| Date of return to work (estimated if in the future) |  |

*\* Note: This explanation must be supported with official evidence e.g. Doctor’s certificate:*

**DECLARATION**

I declare that the information that I have given on this form and in the attached document is true. I give my consent for this information to be disclosed to the relevant people who are responsible for considering an exemption to my CPD Register.

**I have attached the supporting evidence to this document.**

|  |  |
| --- | --- |
| Name of the member |  |
| Signature of the Member: |  |
| Date: |  |

Please return this **by post** to:

NRoSO Membership Department

BASIS Registration Ltd

St Monica’s House, 39 Windmill Lane,

ASHBOURNE, Derbyshire, DE6 1EY

or **by e-mail** to nroso@basis-reg.co.uk

|  |  |
| --- | --- |
| **BASIS USE ONLY** |  |
| Authorised by:  |  |
| Date: |  |
| NOTES: |  |