**Additional Examination Attempt Application Form**

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| **First Name:** |  |
| **Surname:** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Telephone Number:** |  |
| **Date of Birth:** |  |
| **College ID Number:** |  |
| **GMC Number (if applicable):** |  |
| **Year of commencing OST:** |  |
| **Current year of OST:** |  |
| **Deanery:** |  |
| **Name of Educational Supervisor:** |  |
| **Exam for which you are requesting additional time for:** |  |

**Please list all previous examination attempts, including dates and also your marks for each (you may also attach your exam mark sheets along with this form). This exam data will be corroborated with the data that we hold.**

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| **Attempt Number** | **Date** | **Mark** |
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**Please outline the reasons for requesting one final additional attempt at this examination, giving as much as information as required by our criteria for submission:**

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**Please outline the details of your proposed Personal Development Plan (PDP)**

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**By signing this form, you are agreeing to requesting ONE additional examination attempt only and accept that no further additional examination attempt requests will be permitted.**

**Signature:**

**Date:**

**CHECKLIST:**

PERSONAL DEVELOPMENT PLAN ATTACHED

CONFIRMATION LETTER FROM EDUCATIONAL SUPERVISOR (OR EQUIVALENT)