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## Practice Review

### Extenuating Circumstances Application Form

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**Personal details:**

<b>Name (as per the PSI register)</b>	
<b>PSI Registration Number</b>	
<b>Contact Telephone Number</b>	
<b>Contact Email</b>	

**Details of Extenuating Circumstances:**

<b>Please provide reason for requesting an exemption from participating in the Practice Review (include as much detail and explanation as possible and relate it to the policy):</b>

**Documentary Evidence:**

**Please list independent documentary evidence provided (e.g. sick certificate/doctors letter/travel documents/other):**

**Declaration:**

- I confirm that the circumstances described in relation to my extenuating circumstances and the supporting documentation provided is correct and true.
- I understand that any documentation, and/or information I provide the PSI in support of my application, is given voluntarily, and at my discretion, and I consent to it being shared with members of PSI staff who will assess my application.
- I understand, that as per the terms of the PSI's Data Retention Policy, that documentation or information I provide the PSI in support of my application will, if my application is successful, be destroyed following confirmation of the PSI's decision to exempt me from the Practice Review, or if my application is unsuccessful, be retained by the PSI for a period of one year from the date on which the decision not to exempt me, is made.
- I understand that if I am found to have provided false or misleading information that I am in breach of the PSI's Code of Conduct and the matter will be referred to the PSI Registrar for consideration.

**Signature:**

**Date:**

**Notes for completion and submission**

- Before completing this form, you should read the Extenuating Circumstances Policy. The Policy is available on the PSI website.
- The Extenuating Circumstances Form should only be completed and submitted if you believe you are experiencing circumstances beyond your control that will cause you to be unable to attend a Practice Review event.
- Applications should be supported by relevant supporting documentation as outlined in the EC Policy. Applications received that do not have required supporting documentation will not be considered.
- All applications under the EC Policy are dealt with on a case-by-case basis.
- This form should be completed and submitted before the relevant deadline provided in the email you would have received from the PSI in relation to Practice Review selection.
- Applications received after the deadline for Extenuating Circumstances will be considered at the discretion of the Registrar of the PSI.

- The data and information provided as part of the application is treated in the strictest confidence in accordance with the PSI's Data Protection policies and is used for the purposes of assisting the Registrar in his decision.
- All applications are retained in accordance with the PSI's retention policy.
- Applications should be sent to: **EC Process, Professional Development and Learning Unit, The Pharmaceutical Society of Ireland, PSI House, Fenian Street, Dublin 2 and marked 'Strictly Private & Confidential'.**
- Any queries relating to the Extenuating Circumstances Policy process should be submitted via phone 01-218 4066 or email [cpd@psi.ie](mailto:cpd@psi.ie)