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**BASIS® PROFESSIONAL REGISTER EXEMPTION REQUEST FORM**

Please complete the form and return it to BASIS Registration Limited either by email, post or fax. Submitting this form will ensure your circumstances are subject to fair consideration.

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  Miss  Dr  Other (please specify) | | |
| Gender: | Male  Female | | |
| Surname: |  | Forename(s): |  |
| Date of birth:  (DD/MM/YYYY) |  | BASIS membership no: |  |
| BASIS Account No. (if known): |  | | |
| Home address: |  | | |
| Town: |  | | |
| Postcode: |  | County (or country if not UK): |  |
| Home telephone: |  | Personal mobile no: |  |
| Personal e-mail address: |  | | |
| **EMPLOYER DETAILS:** | | | |
| Name of Company: |  | | |
| Work address: |  | | |
| Town: |  | | |
| Postcode: |  | County (or country if not UK): |  |
| Work telephone: |  | Work mobile no: |  |
| Work e-mail address: |  | | |
| Company contact  (your manager / director): |  | Company contact email address: |  |

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| --- | --- | --- |
| **DO THE EXTENUATING CIRCUMSTANCES RELATE TO:** | **Yes** | **No** |
| Acute illness: |  |  |
| Maternity Leave: |  |  |
| Injury/ Illness: |  |  |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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| 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\*: |  |
| Date the circumstance started: |  |
| Estimated date of availability: |  |

*\* 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 and signature of the Member: |  |
| Date: |  |

Please return this **by post** to:

BASIS Professional Register Department

BASIS Registration Ltd

St Monica’s House, 39 Windmill Lane,

ASHBOURNE, Derbyshire, DE6 1EY

or **by e-mail** to Michele Williams – BASIS Professional Registers Manager at: michele@basis-reg.co.uk

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