# Extenuating Circumstances Affecting Registration

1. This form must be submitted to the **AHCS Registration Administrator** (registration@ahcs.ac.uk) as soon as possible after the onset of any extenuating circumstances, but no later than the registration renewal date when the annual declaration and subscription are due (currently 1st May).
2. The AHCS can only decide on extenuating circumstances when a completed form has corroborating evidence attached.
3. Corroborative evidence may include but is not limited to:
* A medical certificate.
* A letter from a BACP counsellor or clinical psychologist, confirming a psychological or emotional condition for which you have been receiving counselling.
* An official document such as a Police Report.
* A letter from a solicitor.
* Appropriate documentation from your employer confirming leave of absence.

|  |  |
| --- | --- |
| **Title** |  |
| **First name**  |  |
| **Surname** |  |
| **Date of annual renewal** |  |
| **GCRAB Membership Number** |  |
| **AHCS Registration Number** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nature of extenuating circumstances****(Please indicate)** | **Career break ≤ 12 months**  |  | **Maternity/Paternity leave** |  |
| **Career break ≥12 months** |  | **Parental leave** |  |
| **Illness** |  | **Other extenuating circumstances** |  |
| **Incident** |  |  |  |

|  |  |
| --- | --- |
| **Description of circumstances*****Explain the circumstances and their effects, giving dates when the circumstances applied. These must be accompanied by corroborating evidence.******Use another page if necessary.*** | **Date From: Date to:** |
| **I confirm the circumstances stated above are true and attach corroborative evidence.** |
| **Date:** | **Signature of applicant:** |
| **I am the manager and support this application (if currently employed)** |
| **Date:** | **Name and Signature of Manager:** |