

**Application for Deadline Extensions and Adjustments**

|  |
| --- |
| NISQ D11 for Guidance  |
| NISQ Approved Centre Details | Name –NISQ Registration Number –Address –Governing Body /Director /Qualification Coordinator – Making the Application for a Deadline Extension or AdjustmentName –Position within NISQ Approved Centre – | Supplied Yes/No |
| Learner Details | Name –Unique Learner identification Number –Address – |  |
| Qualification Details | Title of NISQ Regulated Qualification Registered For – NISQ Regulated Qualification Identification Number – Modules Completed – TitlesUnits Completed – TitlesAssessments Completed – Learning Outcomes Completed – |  |
| Explanation for Request | Provide Details for Applying for a Deadline Extension or Adjustment on behalf of the Learner –(See NISQ D11 for Guidance) |  |
| Supporting Documentation | List and Attach Documentation to support the application:1.
2.
3.
 |  |
| Statement from the NISQ Approved Centre Governing Body or their Representative (Qualification Coordinator) | This can be a supporting statement, outlining details of the circumstances - |  |
| Declaration | As the Governing Body of the named NISQ Approved Centre or their representative I hereby in writing confirm the information I have submitted is true and factually correct and is appropriate in order to support an application for a Deadline Extension or an Adjustment for the named Learner.Signature –Name –Date - |  |
| NISQ Approval Panel Outcome | The approval panel on behalf of the Governing Body of NISQ have Approved this application for a Deadline Extension or Adjustment to the named Learner. The Following Deadline Extension will be applied to the named Learner –The Following Adjustment will be applied to the named Learner -Signed –Name -Member of the Approval Panel/position –Date - |  |
| NISQ Approval Panel Outcome | The Approval panel on behalf of the Governing Body of NISQ has rejected this application for the named Learner –Explanation for Rejection –The application does not fit the criteria set out in NISQ D11 for a Deadline Extension or an Adjustment –The Panel Require more information/evidence – see action plan - Signed –Name -Member of the Approval Panel/position –Date - |  |
| Action Plan if Required | Approval Panel require more information to process this application – Namely - Suggested Action Plan – re submit the application along with the required documentation – Signed –Name -Member of the Approval Panel/position –Date - |  |

|  |  |
| --- | --- |
| Payment by debit card / Bank Transfer: Bank Transfer details:  A/C Name: Sort Code: A/C Number:BIC:IBAN: | GSQ Group Corporate Acc.09-02-2210796959GB39ABBY09022210796959 |
| (please quote the following reference via your bank transfer payment) | “Ref: NISQ and ………… [the applicants unique reference number]“ |