**Request for extension of time to submit portfolio otherwise due for submission by 31.12.17**

To notify the FMSB that you cannot submit your portfolio for assessment by 31.12.17 and to request an extension of time to submit this, please read the [Extension Policy and Procedure](https://www.familymediationcouncil.org.uk/wp-content/uploads/2017/08/FMSB-Extension-Policy-and-Procedure-for-mediators-with-portfolio-deadline-of-31.12.17.pdf) carefully, then complete this form, ask your PPC to sign it in support, and return it to [fmsb@familymediationcouncil.org.uk](mailto:fmsb@familymediationcouncil.org.uk) by 30th November 2017.

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| --- | --- |
| **To be completed by the mediator** | |
| **Name** |  |
| **URN** |  |
| I am currently working towards accreditation, and have a deadline to submit my portfolio of 31st December 2017.  I will not be able to submit my portfolio for assessment by 31st December 2017 and am requesting an extension of time to submit this. | |
| **I request an extension under** (please delete those that do not apply) | **Category 1:**  Mediators who have made a reasonable start on a portfolio for submission and who will be ready to submit this by 31.12.18  **Category 2:** Mediators who have **not** made a reasonable start on a portfolio for submission **or** are opting for this category  **Category 3:** Mediators who have been unable to submit their portfolios due to reasons of ill health, maternity, paternity, bereavement or planned career break  **Category 4:** Mediators who do not fall in to one of the categories above |
| **Information in support of Catgories 1, 3 or 4:**  (please give brief reasons explaining why categories 1,3 or 4 apply. No reasons are necessary for a category 2 request). |  |
| **Signed** |  |
| **Date** |  |
| **To be completed by the mediator’s PPC** | |
| **Name** |  |
| **URN** |  |
| I am this mediator’s PPC. I support his/her request for an extension on the above basis and confirm the accuracy of the information set out in this request to the best of my knowledge and belief. | |
| **Signed** |  |
| **Date** |  |

**For FMSB use only:**

Extension granted: Yes/No Category of extension:

Length of extension:

Conditions of extension:

Reviewer: Date: