

**Additional evidence for submission to the DClinPsy Departmental Board of Examiners**

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| Name |  |
| Trainee number  |  |
| Year  |  |

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| ***Circumstances – Use the space below to detail the circumstances that you would like the board of examiners to consider. You must include in this details of the area(s) that you consider have been affected by these circumstances, e.g. a particular course module, a particular examination, all your final examinations. In all cases you must provide independent documentary evidence, e.g. a doctor’s note, a letter from the counselling service.*** |
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| I declare that the above is a true and accurate statement |
| Signed:  Date: |
| I attach the following documentation: |