

Application for an Extension to the AYE

(Form Ref AYE2)

This form should be completed and returned to the NISCC as soon as it is apparent that an extension will be required.

Registrant name as appears on NISCC Register:

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Registration number:

Employing organisation:

.....

.....

Workplace address:

.....

..... **Postcode:**

Contact details Phone:

 E-mail:

Line Manager/Supervising social worker name as appears on NISCC Register:

(Please underline applicable designation)

.....

Line Manager/Supervising social worker Registration number:

.....

Date Registrant commenced the AYE:

(i.e. the date of registration or the date commenced employment, if later)

Expected date of completion of the AYE (i.e. end date of extension):

.....

Have you applied for a previous extension? Yes No

If yes, state the expected date of completion of previous extension?

.....

Reason for application of extension¹ (Tick as appropriate)

1. Employment arrangements justify an extension e.g. part-time working, temporary contracts, etc.

Please provide details:

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2. Personal or health reasons

Please provide details:

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(iii) Competence/capability issues
A Line Manager/Supervising Social Worker Report must accompany this form.
Use form reference AYE3

Registrant signature: Date:

Line manager/Supervising social worker:

Name (Please Print):

Signature: Date:

Employer signatory

Name (Please Print):

Position in the Organisation:

Signature: Date:

¹Refer to AYE Guidance for further information on justifiable reasons