

# NATIONAL EXAMINING BOARD FOR DENTAL NURSES

## Exceptional Mitigating Circumstances Form

This form is intended for candidates who wish to apply for special consideration under NEBDN's Exceptional Mitigating Circumstances (EMC) Policy. Candidates are advised to read the EMC Policy before making an application.

1. Applicant details	
Candidate name	
NEBDN candidate number	
Candidate home address	
Candidate email address	

2. Examination details <i>(please confirm which examination your application relates to)</i>	
Name of qualification	
Examination date	

3. Documentary evidence	
<b><i>I have attached the following documentary evidence: (list the item(s) included)</i></b>	
<b><i>I will be submitting the following documentary evidence later: (list the item(s) you intend to submit later)</i></b>	
<p><i>Note: Only complete this section if all/some of your supporting evidence is not available when you submit this form. You should not delay submitting a form if supporting evidence is not immediately available, but it is your own responsibility to submit this evidence as soon as possible.</i></p>	

*Please also complete page 2 of this form.*

**Post your completed form to NEBDN, First Floor, Quayside Court, Chain Caul Way, Preston PR2 2ZP**

**5. Details of exceptional circumstance(s)**

*Please describe in full the circumstances on which you are basing your EMC application. You should provide relevant dates and refer to your supporting evidence. If you are seeking a specific outcome, you should clearly state it. You are strongly advised to read the NEBDN Exceptional Mitigating Circumstances Policy before submitting an application.*

*You can use the space provided, continue on a blank sheet or attach a separate document.*

Large empty rectangular box for providing details of exceptional circumstances.

Applicant signature		Date	
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<b>For NEBDN use only</b>	
<i>EMC assessed by:</i>	<i>Date assessed:</i>
<i>EMC rejected and applicant notified:</i> <input type="checkbox"/>	<i>Date notified:</i>
<i>Case for EMC established and applicant notified:</i> <input type="checkbox"/>	<i>Date sent to EMC Panel:</i>