

**Continuing Professional Development
Application for Waiver of CPD due to Long-Term Illness**

Personal Details			
Surname		Other Names	
Organisation Name		Organisation Number	
CPD Year		Adviser Number	

Relevant Information			
Start Date of Absence		Date of Return to Work	
Please provide basic details relating to your long-term illness and any further information you consider to be relevant to your application			
Details of Documentary Evidence Enclosed			

Declarations	
Declaration by Applicant: I confirm that the information that I have provided is accurate	
Signed:	Date:
Declaration by Manager: I confirm that the information supplied by the applicant is accurate	
Signed:	Date:
Full Name: (please print)	

Decision by OISC Caseworker	
Comments: (including the number of CPD hours the adviser should complete for the CPD year in question)	
Accepted: <input type="checkbox"/>	Refused: <input type="checkbox"/>
Signed:	Date:
Full Name: (please print)	

Accompanying Notes

- Enclose documentary evidence to support your application. This can be in the form of a medical certificate from your GP or hospital, or in the form of a doctor's letter.
- Your application will be dealt with by your OISC caseworker and you will be informed of the decision made

Please return the completed application form by email to: cpd@oisc.gov.uk

Data Protection Act

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