

Appendix D

Request for Extension (One form per Apprentice/Adult Trainee)

Company Name:	<input type="text"/>		
Address:	<input type="text"/>		
	Postcode:		e-mail:
Contact Name and Number:	<input type="text"/>		

Apprentice/Adult Trainee:	<input type="text"/>		
N.I. Number:	<input type="text"/>		
Stage 1 – 18 Month Rule:	<input type="checkbox"/>	Stage 2 – 3 Year Rule:	<input type="checkbox"/>
		Stage 3 – 5 Year Rule:	<input type="checkbox"/>
Training Officer:	<input type="text"/>		

Reason for Extension (continue on a separate sheet if required)

Once completed this form should be returned to:
SJIB
The Walled Garden
Bush Estate
Midlothian
EH26 0SB

For Office Use Only

Extension Granted – Revised Date:.....