

**Employer request for consideration of one additional attempt of ACPT programme  
(outside of normal programme remit)**Proposed candidate name:  Date: Employer or Trust Professional manager Name 

Supporting statement from manager (continue on additional page if necessary):

Signature:  Date Role

NICPLD Panel to review the following:	Panel member signature
1. Reason for requested 3 <sup>rd</sup> ACPT programme attempt	
2. Date of unsuccessful previous attempt. How has the candidate developed since they last undertook the ACPT Programme ?	
3. Fully supported by senior management	
4. SOPs reviewed and in place	
5. Understanding and acceptance by both candidate and employer that this will be the final attempt to be offered by NICPLD.	

NICPLD Panel members' signatures:

Name	Role	Signature	Date