

**EXTENUATING CIRCUMSTANCES FORM**

Applicants should refer to the [extenuating circumstances section of our website](https://kmms.ac.uk/entry-requirements-2025/extenuating-circumstances-for-applicants/) found here, prior to completing the form.

*Please complete this form electronically. Once you have completed all sections, please upload a scanned copy or photo of the form, along with any other supporting documentation, to your Kent Vision portal.*

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| **Section 1 (to be completed by the applicant)** | | |
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| **Surname** | Click or tap here to enter text. |
| **First Name(s)** | Click or tap here to enter text. |
| **Date of birth** | Click or tap here to enter text. |
| **UCAS ID or KMMS Applicant ID** | Click or tap here to enter text. |
| **Course Title and Code** | **Bachelor of Medicine, Bachelor of Surgery – A100** |
| **Year of Entry** | Click or tap here to enter text. |
| **Please list the qualifications/examinations which have been, or are likely to be affected** *(e.g. GCSEs, A Levels)* | Click or tap here to enter text. |
| **Have the relevant exam boards been notified of these circumstances?** *Or if not, will they be?* | Click or tap here to enter text. |
| **Applicant statement –** *please write a supporting statement to tell us more about the circumstances you wish for us to consider. If possible, please include specific dates, times and events.* | Click or tap here to enter text. |
| **Applicant declaration –** *I confirm that the above statement is a complete and accurate record and that no relevant information has been knowingly omitted. I give my consent to the storage and use of this information by the Kent and Medway Medical School. \** | **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** Click or tap here to enter text. |

\*Please note that any information you provide may be shared with the relevant faulty/ department or student support services, should you accept an offer of a place from the Kent and Medway Medical School. All personal information supplied on this form will be held in accordance with the General Data Protection Regulation (GDPR).

**All medical circumstances must be accompanied by a statement from a medical professional.**

**All supporting documents and statements included must be in English or include a certified translation.**

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| **Section 2 (to be completed by the relevant third party)** | |
| All forms must be accompanied by a statement from a relevant third party, corroborating the information in the applicant statement.\*  **\*All medical circumstances must be accompanied by a statement from a medical professional.**  **\*All documents and statements included must be in English or include a certified translation.** | |
| **Relationship to applicant:** | Click or tap here to enter text. |
| **Supporting Statement –** *Please include all relevant information and if possible include specific dates*  *and times of events to corroborate the applicant’s circumstances.*  **Please attach additional sheets if more space is required.** | Click or tap here to enter text. |
| **Supporting Declaration –** *I confirm that the above statement is a complete and accurate record and that no relevant information has been knowingly omitted.*  *I also give my consent to the storage and use of this information by the Kent and Medway Medical School.* | **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *(Electronic signatures will not be accepted)*  **Print Name:**  **Date:** |

**\*All personal information supplied on this form will be held in accordance with the General Data Protection Regulation (GDPR).**