Programme Deferral Request Form

*Please ensure you have read and understood the Deferral Guidance & Policy before completing this form.*

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| --- | --- |
| **Participant Full Name:** |  |
| **School Name:** |  |
| **Course Name:** |  |
| **Email address:** |  |
| **Reason for Deferral Request:** |  |
| **Completion Rate:** | I have completed up to course\_\_\_ on StepLab |
| **Date:** |  |

**THIS IS TO BE COMPLETED BY YOUR LINE MANAGER ONLY:**

|  |  |
| --- | --- |
| **Line Manager Name:** |  |
| **Role in School:** |  |
| **Email address:** |  |
| **Line Manager Notes:** (optional and only to be completed by the Line Manager) |  |
| **Date:** |  |

*Please send this form to* *npq@northwestlondontsh.org.uk* *when completed.*