



**TO BE COMPLETED BY TRAINER / ASSESSOR**

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**Extension Granted:**

Yes

No

**Extension Granted Until:**

DAY	MONTH	YEAR

<b>Trainer/Assessor Name:</b>	
<b>Trainer/Assessor Signature:</b>	
<b>Workplace Supervisor has been notified (if applicable)</b>	YES <input type="checkbox"/> <b>Date:</b>
<b>Extension Roll has been completed (ECEC only)</b>	YES <input type="checkbox"/> <b>Date:</b>
<b>Copy emailed /given to Student:</b>	YES <input type="checkbox"/> <b>Date:</b>
<b>Trainer Notes:</b>	