



## Application for Exemption / Special Consideration

<b>Applicant Name:</b>	<b>Date of Birth:</b>
<b>Email:</b>	<b>Phone:</b>
<b>Membership Number: (if applicable)</b>	<b>Certification Number (if applicable)</b>
<b>Exemption / Consideration Sought:</b> Where applicable, specific reference to the clause or reference in the AINDT Guide to CM Certification and Appendices, Appendix A VA, Appendix B IRT, Appendix C LA. Available on the <a href="#">AINDT website</a>	
<b>I understand that false or misrepresentation of status/details would be considered a breach of the AINDT code of ethics</b>	
<b>Signed:</b>	<b>Date:</b>
<b>Reason/Extenuating Circumstances:</b> In detail, explain the reason the special consideration is being requested. Where applicable, please refer to evidence and attach relevant documents to this application form when submitting.	



<b>AINDT OFFICE USE ONLY</b>	
<b>Reviewer Name:</b>	
<b>Reviewer Position:</b>	
<b>Approval Status:</b> Include Full Details	
<b>Conditions:</b> Expiry Date etc	
<b>Signed:</b>	<b>Date:</b>