

STUDY LEAVE APPLICATION FORM

- Please complete and submit at least 6 weeks prior to taking Study Leave in CAPITAL LETTERS
- If any not completed in FULL study leave may not be authorized (absence then equals unauthorized leave as per trust leave policy) or funding not granted
- For further reference refer to trust study leave protocol

Surname				First Name					
Title		GMC Number							
Start date at Trust				Finishing Date at Trust					
Tel				Email Address					
Specialty and Grade (i.e med CT1)									
Current Address (including postcode)				Type of Leave (please mark with 'x' as appropriate)					
				Study <input type="checkbox"/>		Private study <input type="checkbox"/>			
				Examination <input type="checkbox"/>					
Study Leave Venue				Name of Course/Exam					
				Please attach programme					
Anticipated Cost/course fees		£		Anticipated Travel / Subsistence Fees		£			
Dates:	From	/	To	/	No of days applied for:				
		/20		/20	(must not exceed your remaining allocation)				
I have booked leave in my department and am able to be released on the above dates						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
My Educational Supervisor has agreed that the activity relates to my professional development needs, and I have completed an approved learning agreement						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I would like to:									
1) claim these costs from my Study Leave Budget						Yes		No <input type="checkbox"/>	
(If you do not have enough funds remaining will you be prepared to self-fund the remaining costs)						Yes			
2) self-fund this activity in its entirety						Yes			
3) request that the Study Leave be part-funded						Yes			
Educational Supervising Consultant's Signature at time of Leave						Signature, Name CAPS and role		Date	
		(essential) (desirable) (low priority) Please advise						Please turn over	

Rota Manager's Signature (or equivalent)	Signature, Name CAPS and role	Date	
Director of Medical Education Signature of Authorisation	Signature, Name CAPS and role	Date	

FOR Office USE:

Study leave remaining (days)		Study leave funds remaining (£)	£
Signed: Medical Education Manager		Date:	
<ul style="list-style-type: none"> • Study leave recorded in Intrepid database • Confirm to trainee whether study leave is approved and whether expenses will be reimbursed • Send trainee expenses claim form for completion after study leave activity • Trainee confirmed read and understood medical handbook, inc study leave protocol • On line Study leave completed 			

Explanatory Notes

Email address: Please supply an email address which is active, permanent and will not change to enable us to contact you. If you do change your email address, please contact us with the new details.

Telephone number: Please note your mobile/permanent landline number so that we are able to contact you should we have any queries about your application.

Predicted contract end date: refers to the date that your current training programme completes. We need this information in order to allocate pro-rata Study Leave budget as applicable.

Home address: We are requesting this information for payment purposes. Work addresses will not be accepted.- unless the same i.e residents on site

Name of course/exam: Please provide full title of course or examination.

Anticipated cost/Course fees: Please include full cost (including VAT in pounds sterling) but excluding any travel and subsistence costs. Estimated costs are acceptable at this stage as further details will be requested after the training event on the Expenses Claim form.

Anticipated Travel/Subsistence fees: Please include full cost (including VAT in pounds sterling) but excluding any course fees. Estimated costs are acceptable at this stage as further details will be requested after the training event on the Expenses Claim form. Please refer to the Study Leave Policy for further details.

Dates from and to: This refers to the first and last dates of the training period.

No. of days applied for: You must not exceed your total annual allocation of Study Leave days (please see section headed 'Allocation per Trainee' in the Study Leave Protocol). Please note you must submit this form if there is a cost involved, even if you complete the course or attend the event in your own time. If you require no leave, enter zero in number of days applied for.

Study Leave Budget: Please see section headed 'Allocation per Trainee' in the Study Leave Protocol .

Supervising Consultant: This refers to your Clinical Supervisor/Trainer in the placement that you plan to take Study Leave. .

Rota Manager: This refers to your Rota Manager in the placement that you plan to take Study Leave.

Educational Supervisor: This refers to the your named educational Supervisor with whom you have approved your learning agreement.