

STUDY LEAVE APPROVAL FORM (Excluding Doctors in Training)

This study leave request form needs to be completed by all staff who wish to undertake a formal or informal learning activity of any type or duration. A minimum of 8 weeks approval notice is normally required, but exceptions may be negotiated with your line manager.

Process

1. Following informal discussion at your Appraisal and Personal Development Review, complete all relevant sections
2. Sign the request form
3. Forward the request form to your line manager for authorisation
4. Your line manager will retain the completed form within your personal file.
5. After you have completed your learning activity please return the completed evaluation section of the form to the Learning and Development Department. Your manager may also like a copy. It is important that you retain a copy yourself for your own portfolio of evidence.

Section One: Personal Details

Full Name (please print)		Date of Birth	
Grade/Rank		Ward and/or Department (not Division)	

Section Two: Study Leave Applied For

Conference					
Delegate	Yes/No	Conference Speaker	Yes/No	Poster Presenter	Yes/No
Courses					
Type of Leave If other please state	Course <input type="checkbox"/>		Conference <input type="checkbox"/>	Study Day <input type="checkbox"/>	Other <input type="checkbox"/>
Title of Training Event					
Training Provider					
Venue:					
Dates:	From:			To:	

Section Three: Costs To Be Incurred

Cost of Training Event	£
Cost of Travel (If Applicable)	£

Other associated costs eg Accommodation		£	
Total Costs:		£	
How Will Study Leave Be Funded? (eg Trust Dept Budget/Charitable Fund/Central LDD Budget): (Please state as appropriate)			
Budget Code		Cost Centre	
Sponsorship (company details required)		£	Name
Self Contribution		£	
Other (please state)		£	
Total		£	
Consultants Only – is this SPA or Study Leave		SPA <input type="checkbox"/>	Study Leave <input type="checkbox"/>
How will your sessions be covered?			

Section Four: Reasons for Request

Why do you want to undertake this study?	
How do you anticipate this learning will contribute to your work role/practice?	
How will your Department benefit from your attendance on this course?	
Was this learning identified as a result of your annual appraisal?	Yes/No
Is this learning necessary to meet Knowledge and Skills Framework requirements? (Excluding Medical Staff)	Yes/No
Is this learning credited eg CPD/CATs/CME CPD Points (please state type and amount)	
Name of Clinical Mentor/Assessor if required	

Section Five: Authorisation

Signature of Applicant: **Date:**

N.B. It is a Trust requirement that all staff undertaking formal learning courses complete the assignments for their study. Your signature denotes agreement to this.

Approved Yes/No (please circle). State Reason for non-approval.....

Signature of Line Manager: **Date:**

Name/Designation:

Signature of Budget Holder (if different)..... **Date:**

Name/Designation:

MOD Authorisation Signature:

Name in capitals (and Rank)

Please ensure a copy of this completed form is sent to HR Admin for documentation in the staff member's

EVALUATION OF LEARNING ACTIVITY

Please retain this sheet. It should be completed after you have finished your learning activity; it is evidence of your learning. You should take a copy for your records or inclusion in your portfolio and return this to the Learning and Development Department.

Name:

Course Title/Learning Activity:

Date(s):

Assessment Outcome:

Total Credit Awarded:

	Not Satisfied	Satisfied	Extremely Satisfied
How close did the course come to meeting your learning needs?			
How close did the course come to meeting your expectations?			
Did the course represent value for money?			
Was the course relevant to your work/practice?			
Was the course well presented/delivered?			

Would you recommend that others attend the same course? **Yes/No**

Were any resources provided that would be of use to the Trust/Department (e.g. handouts, training notes, CD-roms, references or website details)? **Yes/No**

Please List:

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What was the most positive aspect of your learning experience?	
What was the least beneficial aspect of your learning experience?	
What changes would you recommend?	
How have you implemented/disseminated your learning into your work/practice?	
What other study leave may you request in the future?	

Please send to: Evaluation, Learning and Development Department, Gloucester House, QAH