

Application For Study Leave - Junior Doctors (training grades except F1)

RETROSPECTIVE APPLICATIONS ARE ONLY APPROVED EXCEPTIONALLY
Study leave will not be approved without a current LEARNING AGREEMENT

Minimum of SIX weeks is required

Study Leave Expenses must be claimed within 3 months of the course date

Section One

To Be Completed By All Applicants (Incomplete Forms Will Be Returned)

Payroll Number	<input type="text"/>	Home Address:	<input type="text"/>
GMC No:	<input type="text"/>		
Name:	<input type="text"/>		
Bleep or Contact No.	<input type="text"/>		
Speciality:	<input type="text"/>		
Hospital:	<input type="text" value="QAH SMH PCT"/>		
Grade: (Ring as appropriate)	<input type="text" value="ST"/> <input type="text" value="SHO"/> <input type="text" value="SPR"/> <input type="text" value="LAT"/> <input type="text" value="FTTA"/> <input type="text" value="FY2**"/>		
Have You Attended ALS Training In PHT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If No, Why Not <input type="text"/>
Have You Attended PHT Trust Induction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Approx Date Attended <input type="text"/>
Period of leave: From:	<input type="text"/>	To:	<input type="text"/>
		Days:*	<input type="text"/>

Course Title: *Enclose copy of programme:*

Venue:

Conferences: Presenting Paper *Please tick as appropriate*

Presenting Poster

Other

Is A Locum Required? YES NO

If YES, Form Must Be Signed By Clinical Budget Holder Overleaf.

Expenses To Be Requested (Give Actual Amounts If Possible)

Registration, course fees etc:

Travel: Air *(Tourist or economy)*

Train

Car Mileage
(Public transport rates 24p per mile)
Please estimate mileage

Other
(Taxi costs are NOT Reimbursed)

Accommodation Cost:

Maximum cost £55 Per Night

NOTE: Receipts & Certificates Of Attendance Must Be Attached For Payment By Salaries & Wages.

****NOTE: F2 Foundation Programme study leave allowance lower than other training grades**

Do you have financial support from other sources? YES NO

If Yes, Please give amount and details of company:

Start & End Date **From:** **To:**

at Portsmouth NHS Trust

Applicants signature: Date:

*Include any claim days you would be working.

Section Two

To Be Completed By Leave Co-ordinator

I agree to this leave being taken.

Signature:

(Leave co-ordinator)

Date:

Please pass this form to your Consultant(s)

Section Three

CONSULTANT TO COMPLETE

It is essential that the Consultant(s) comment on the suitability of this application.

(Please tick as appropriate)

Course is essential & or mandatory:

Course is desirable:

Course is optional:

Consultant:

Signature

Date:

Please pass this form to the Clinical Budget Holder if locum is required. Otherwise forward this to the Study Leave Co-ordinator, PGMDE, L&D Office, Education Centre, E Level, QAH

Section Four

To be filled out only if Locum Cover is Required

I agree to this leave being taken and agree locum cover will be required.

Signature:

(Clinical Budget Holder)

Date:

Please pass this form to the Postgraduate Medical & Dental Dept.

To be completed only by Postgraduate Medical & Dental Education Department

Attended ALS course:

Yes

No

Learning Agreement:

Yes

No

Funds available to cover leave cost:

Yes

No

Days available:

Yes

No

Signature:

*(Director/Associate Director of Postgraduate
Medical & Dental Education)*

Date:

Running Total