

# STUDY LEAVE APPLICATION FORM

## FOR FOUNDATION YEAR 1 DOCTORS (FY1)

- Applications should be made **BEFORE** the leave is required, preferably at least 6 weeks in advance.
- **Retrospective Applications Will Not Be Accepted**
- The study leave must be approved by your Educational Supervisor
- All requests for leave will be considered by the Medical Staff Study Leave Committee in keeping with the terms and conditions of service.
- Study leave can be used for taster sessions. A taster is a period of time, usually two to five days, spent in a specialty in which you have not worked. Its purpose is to enable the development of insight into the work of the specialty and promote careers reflection.
- **FY1 Study leave is granted for:**
  - ALS courses
  - Simulation courses
  - Tasters
  - Generic Training (Foundation specific courses)
  - ½ day for completion of SCRIPT modules.

**Foundation Year 1 doctors are allocated 15 days study leave per annum (maximum 5 per placement/rotation). The 15 days study leave is to be taken as the training days as agreed locally, There is no individual study leave allocation (for exams, private study etc.).**

**No study leave funding is available.**

For more information contact: Ann Bloomfield, Foundation Programme Administrator [ab2340@medschl.cam.ac.uk](mailto:ab2340@medschl.cam.ac.uk).

### PLEASE PRINT CLEARLY

NAME (**BLOCK CAPITALS**) .....

PRESENT APPOINTMENT .....

BLEEP NO ..... BOX NO ..... DEPT .....

E-MAIL..... TWITTER NAME: @.....

### **LEAVE REQUESTED** (Please use a separate form for each period of leave)

From ..... To .....

Duty Cover .....

*Please give details of the arrangements which have been made to cover your duties whilst you are away. If this is not provided the application form will be returned to you.*

### **PURPOSE OF STUDY LEAVE**

#### **Course or Meeting**

*Please give full details and provide a copy of the programme*

Title of Course / Meeting .....

Location – Town and Institution .....

Give details if participating .....

**JUNIOR STAFF RECOMMENDATION BY EDUCATIONAL SUPERVISOR**

Do you consider that this is an appropriate course/meeting for this applicant to attend at this particular stage in his/her career? YES / NO

If this course/meeting does not take place in the East Anglian region are you convinced that it will provide instruction that is not available locally? YES / NO

*Please note the Committee will not normally approve courses held elsewhere if similar tuition is available locally.*

**Educational Supervisor** ..... Signature..... Date .....

**Consultant** ..... Signature ..... Date .....

**SIGNATURE OF APPLICANT** ..... Date .....

You must contact the PGMC prior to taking leave if you have not received the Committee's written approval:

 **01223 - 217105** Internal ext: **3105** E-mail: [jh2077@medschl.cam.ac.uk](mailto:jh2077@medschl.cam.ac.uk)

The Trust considers it a serious breach of responsibility if you are absent from your duties unofficially.

**Please send to: Study Leave Administrator, Postgraduate Medical Centre, Box 111,  
The Deakin Centre, Level 1, Addenbrooke's Hospital, Hills Road, Cambridge CB2 2SP.**

Further study leave application forms can be downloaded from our website:

**[www.cam-pgmc.ac.uk](http://www.cam-pgmc.ac.uk)**