

STUDY LEAVE APPLICATION FORM

For FY2s, Specialist Trainees 1 and Above, and Specialist Registrars

- Applications should be made **BEFORE** the leave is required, preferably at least 6 weeks in advance.
- **Retrospective Applications Will Not Be Funded**
- All requests for leave will be considered by the Medical Staff Study Leave Committee in keeping with the terms and conditions of service.
- If your application is approved you will be sent an Expenses Claim form for completion.
- Claims should be submitted within one month of the period of leave and must be accompanied by appropriate receipts and a certificate of attendance.
- Examination fees are not payable.
- For Information - The Study Leave Year runs from 1st April to 31st March

PLEASE PRINT

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

PRESENT APPOINTMENT

BLEEP NO BOX NO DEPT

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

HONORARY CONTRACT HOLDERS Please state the number of NHS sessions per week

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

1 Examination

Title of Examination

Dates of Examination

Place

Have you attempted this exam before?

2 Private Study

Purpose

3 Course or Meeting

Please give full details and provide a copy of the programme

Title of Course / Meeting

Location – Town and Institution

EXPENSES REQUESTED

REGISTRATION OR COURSE FEE

TRAVEL From To

ESTIMATED COST

For meetings in the UK (excluding Ireland) you will normally receive the second class rail fare. For air travel to meetings abroad you will be expected to purchase an economy, apex type of ticket, and the committee requests that you provide details of the expected cost when making your application.

SUBSISTENCE

NUMBER OF NIGHTS **COST PER NIGHT**

TYPE OF ACCOMMODATION (e.g. University Hall of Residence or Hotel)

Overnight subsistence will not normally be given for meetings in London or within reasonable commuting distance from Cambridge. If hotel accommodation is necessary a standard contribution of £50.00 per night will be made.

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 fund courses 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

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,
Addenbrooke's Hospital, Hills Road, Cambridge CB2 2SP.

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

