**NORTH WEST LONDON HOSPITALS NHS TRUST**

**NORTHWICK PARK & ST. MARK’S HOSPITALS**

**APPLICATION FOR STUDY LEAVE - MEDICAL STAFF IN TRAINING**

**Please read these notes BEFORE completing the application form**

* **THIS FORM WILL NOT BE PROCESSED UNLESS ALL RELEVANT SECTIONS ARE COMPLETED.**
* **YOU DO NOT NEED TO SUBMIT ANY RECEIPTS WITH THIS FORM.**

***Duration of Study Leave***

***ST Trainees, SHOs and Specialist Registrars***

A maximum of 30 days (including weekends in a continuous period of leave) in one year. This may be taken on a day release or half day release basis to the equivalent of a maximum of 30 days. Study leave cannot be carried over to the next year. The 30 days stipulated is the maximum time allowed **but is not entitlement.** Study leave will only be allowed if your Directorate agrees that your work commitment is covered.

**All applications must be made at least 6 weeks in advance** with sufficient time to be considered by the Director of Postgraduate Medical Education. **Under no circumstances will any expenses be reimbursed if an application is submitted after leave has been taken. It is essential to discuss your study leave requirements with colleagues at the start of the job to avoid date clashes.**

**Private study** leave should normally be taken immediately prior to an examination. A maximum of 7 days, including a weekend, may be granted **but it is not entitlement**. Private study leave will fall within the overall maximum allowance of 30 days per annum.

**Approved expenses** will be reimbursed retrospectively on production of an authorisation letter and relevant receipts. **Signed approval letters and receipts should be returned to the Postgraduate Centre Manager who will arrange for them to be processed by the Finance Department. ALL SUMS CLAIMED MUST BE SUPPORTED BY RECEIPTS**

# *Funding allowance (for ST trainees, SHOs & SpR’s in substantive posts)*

The individual study leave allowance will not exceed £850 (including travel & subsistence) per year in post, the year commencing on the date of taking up employment, and on that date for each subsequent year. **Trainees on a six month term of employment will be reimbursed up to £425 (including travel and subsistence) per six month period.** All funding allowed must be approved as relevant to training by a trainee’s supervising consultant and Royal College Tutor prior to being submitted to the Postgraduate Department for final approval.

No travelling or subsistence expenses will be met for courses within the M25.

Second class rail travel costs, or their equivalent, will be met for courses/conferences outside the M25 but within the UK. No travel costs will be met for travel outside the UK or Eire.

A subsistence allowance of up to £55 per day (inclusive of accommodation and food) will be allowed where courses/conferences necessitate overnight stays away from home.

**I have read the above notes before completing my application for study leave.**

**Signed……………………………………… (Form: Updated August 2007)**

**SECTION D**

EXPENSES APPLIED FOR: - [a] Cost of travel: £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Outside M25 area, but within UK & Eire)

 [b] Accommodation & subsistence:

 £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [c] Conference/course registration fee:

 £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TOTAL: £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLEASE GIVE DETAILS OF ANY LECTURE FEES, EXPENSES OR HOSPITALITY TO BE RECEIVED BY YOU FROM ANY OTHER ORGANISATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NOTE: Receipts must be produced to obtain reimbursement for any course/conference fees and expenses.**

PLEASE GIVE THE NAME OF YOUR

EDUCATIONAL SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION E - SIGNATURES**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Applicant)

**CONSULTANT APPROVAL** (To be signed by supervising consultant)

I approve this application for study leave:

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ROYAL COLLEGE TUTOR OR (FOR GPVTS TRAINEES) GP COURSE ORGANISER:**I approve this application for study leave, and confirm that the course applied for is mandatory \_\_\_\_ or recommended \_\_\_\_\_ (please tick where appropriate).

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ROTA CO-ORDINATOR/DIRECTORATE REPRESENTATIVE**

I confirm that the period of study leave has been notified to me.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIRECTOR OF MEDICAL EDUCATION APPROVAL**

I approve this application for study leave

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The DoME’s signature must be obtained through the Postgraduate Department for a study leave application to receive final approval.

**Please return completed forms to the Medical Education Department (Room 6V 017)**

**Please complete sections A - D in full, and ensure that all signatures are obtained, other than that of the Director of Medical Education, before the form is returned to the Postgraduate Department. Please remember to provide the name of your educational supervisor.**

**SECTION A**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If SpR, current year (1,2,3,4,5)\_\_\_\_\_\_\_\_ Bleep No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSULTANT FIRM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYING HOSPITAL/AUTHORITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF APPOINTMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TERM OF APPOINTMENT (6 months/1 year etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU IN A DEANERY RECOGNISED TRAINING POST? YES/NO

**SECTION B**

DATES OF PROPOSED LEAVE: From\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last day of leave, not return date)

NUMBER OF DAYS REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NIGHTS/WEEKENDS ON DUTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILL A LOCUM BE REQUIRED IN YOUR ABSENCE? (YES/NO) \_\_\_\_\_\_\_\_\_

NAME OF DOCTOR COVERING YOUR COMMITMENTS AND BLEEP NO:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BLEEP NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATES WHEN LOCUM WILL BE REQUIRED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAS DIRECTORATE/FIRM/ROTA CO-ORDINATOR ALL AGREED Y/N

**SECTION C**

IS LEAVE FOR **PRIVATE STUDY LEAVE** PRIOR TO AN EXAMINATION?

(Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS THIS EXAMINATION LEAVE? (Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXAMINATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF PREVIOUS ATTEMPTS AT THIS EXAMINATION\_\_\_\_\_\_\_\_

IF ATTENDING A COURSE OR CONFERENCE PLEASE GIVE DETAILS:

COURSE/CONFERENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(A COURSE/CONFERENCE PROGRAMME SHOULD BE ATTACHED IF AVAILABLE)

ARE YOU PRESENTING A PAPER OR ACTING IN AN OFFICIAL CAPACITY? (Please give brief details):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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