Leeds Teaching Hospitals NHS Trust

Junior Radiology Registrars annual leave request

Name of applicant …………………………………………………………………………..

Current grade …………………………………………………………………………..

Base hospital …………………………………………………………………………..

(Where you will be placed at the time of leave)

Leave dates

|  |  |  |
| --- | --- | --- |
| 1st day of leave | Last day of leave | Number of leave days |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total: |  |

Applicant’s signature …………………………………………………………………..

Date …………………………………………………………………..

Clinical supervisor’s signature …………………………………………………………..

Date …………………………………………………………..

I confirm that all fields of this application form have been completed accurately and that I have entered these dates on erostering\*

Applicant’s signature …………………………………………………………..

\*Forms that do not comply with the above will not be authorised and will be placed in applicant’s pigeon hole until completed and resubmitted

Administration:

Recorded in academy diary (date): …………………………………………………….......

Approved on eroster (date): …………………………………………………………