**F1 APPLICATION FOR TASTER SESSIONS**

**Authorised Leave for Taster Sessions is to give F1s the opportunity to gain experience in a specialty they may be interested in pursuing as a career. This leave is not mandatory and will be at the discretion of the department the F1 is working for. Up to 5 taster days can be taken across F1. (These don’t all have to be taken in F1, some could be taken in F2.)**

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| --- |
| PART A – TASTER SESSIONS LEAVE DETAILS |
| Surname: |  | Forenames |  |
| Present Post: Speciality: |  | Grade | **F1** [ ]   | Bleep No: |  |
| Main Hospital: |  | Department |  | GMC No: |  |
| Post at time of TSL if different from above: |
| **Specialty taster session is being taken in:** |
|  **......................................................................................................** |
| **Dates: From: To: No. of days (max 3 days):** |
|  |
| **Location: (**where taster session is being taken) ………………………. |
| ***n.b.* My department/ward/supervisor have been advised – *tick box 🡪*** |  **[ ]  Yes**  |
| **The following colleagues have agreed to cover my duties:** |
| Name (print): |  | Signed: |  |
| Name (print) |  | Signed: |  |
| **Signed (Applicant):** |  | Date: |  |
| PART B – APPROVAL OF ROTA / MEDICAL STAFFING CO-ORDINATOR  |
| **\* Approved / Not Approved** *\*delete as appropriate* |
| Name (print): |  |
| Signed: |  | Dated: |  |
| Submit to the Medical Education Centre where you are based for consideration ***6 weeks prior*** to the period requested. Retrospective claims will not be considered.Leave will not be granted unless supported by a properly agreed education plan. |
| **PART C – APPROVAL BY FOUNDATION TRAINING PROGRAMME DIRECTOR** |
| **\* Approved / Not Approved** *\*delete as appropriate* |
| Signed: |  | Dated: |  |

**Office Use Only:**

Date entered on Database

Date applicant e-mailed with approval