***NHS***

Health Education England

APPLICATION FORM FOR CURRICULUM/EXAMINATION LEAVE  
FOR TRAINEES IN HEALTH EDUCATION ENGLAND, ACROSS YORKSHIRE AND THE

HUMBERAPPLICATION FORM SHOULD BE USED UNLESS YOU ARE INSTRUCTED TO USE A LOCAL FORM IN YOUR LEP  
PLEASE CONSULT THE CURRICULUM DELIVERY GUIDANCE BEFORE COMPLETING  
<http://www.yorksandhumberdeanery.nhs.uk/pgmde/policies/curriculum_delivery/>

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART A - STUDY LEAVE DETAILS** | | | | | | | | | | | |
| Surname: | | | | | Forenames: | | | | | | |
| Your Address:  E-mail: | | | | | Current Employer: | | | | | | |
| Specialty: | | | | | Grade/Level  Please delete as appropriate | | DCT1  DCT2  DCT3  ST1  ST2 | | ST3  ST4  ST5  ST6  ST7 | Tel No: | |
| Main Hospital:  Post at time of leave if different from above: | | | | | Department: | | | | | GDC  No: | |
| **Leave requested for:**  Professional Development Exam Leave Exam Preparation Other | | | | | | | | | | | |
| **Dates (inclusive of travel)**  From: To: No of days: | | | | | | | | | | | |
| **Title of course/conference/study day:** | | | | | | | | | | | |
| **Location:** |  | | | | | | | | | | |
| **Exam details:** |  | | | | | **Date of Exam:** | |  | | | |
| **Number of previous attempts at this exam:** | | |  | | | **Dates taken:** | |  | | | |
| **EXPENSES** | Course Fee | Residential Costs  No of Nights | | Travel  Road □ Rail □ | | | | Subsistence | | | Other  (Please specify) |
| Estimated: | £ | £ | | £ | | | | £ | | | £ |
| Approved: | £ | £ | | £ | | | | £ | | | £ |
| Signed (Applicant):  Date: | | | | | | | | | | | |

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PART B –

Is this development opportunity covered by the curriculum delivery matrix for your specialty?

Yes – Go to part C

No – Indicate below why you feel this development opportunity is required, how it fits with your formal personal development plan and if it is available within the area of HEEYH

PART C - APPROVAL OF TRAINING PROGRAMME DIRECTOR (or educational supervisor if TPD unavailable)

\* Approved / Not Approved \*delete as appropriate

|  |  |  |  |
| --- | --- | --- | --- |
| I CERTIFY THAT: | | YES | NO |
| 1 | This study/course activity is appropriate to the applicant's present training Requirements | □ | □ |
| 2 | The applicant has made every effort to prepare him/herself for this course | □ | □ |
| 3 | The applicant can be released from his/her service commitment for this period | □ | □ |

Name

Signed: Dated:

PLEASE SEND THIS FORM TO:

[dentalstudyleaveyh@hee.nhs.uk](mailto:dentalstudyleaveyh@hee.nhs.uk)

PART D - APPROVAL BY ASSOCIATE POSTGRADUATE DENTAL DEAN

**Note: SSLA NAMES AND DETAILS ARE AS PER THE CURRICULUM DELIVERY GUIDANCE**

\* Approved / Not Approved \*delete as appropriate

Name (print):

Signed: Dated:

If leave is not approved, please state reasons below (to be completed by the SSLA):

THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH CURRICULUM DELIVERY GUIDANCE FOR TRAINEES IN HEALTH EDUCATION ENGLAND, ACROSS YORKSHIRE AND THE HUMBER.

THE COMPLETED FORM SHOULD BE SENT TO [dentalstudyleaveyh@hee.nhs.uk](mailto:dentalstudyleaveyh@hee.nhs.uk) FOR HEE SIGN OFF

ON ITS RETURN FROM HEE THE COMPLETED FORM SHOULD BE SENT TO THE APPROPRIATE LEAD MEDICAL EDUCATION CENTRE

<http://www.yorksandhumberdeanery.nhs.uk/pgmde/policies/curriculum_delivery/>