***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/>

|  |
| --- |
| **PART A - STUDY LEAVE DETAILS** |
| Surname: | Forenames: |
| Your Address:E-mail: | Current Employer: |
| Specialty: | Grade/LevelPlease delete as appropriate | DCT1DCT2DCT3ST1ST2 | ST3ST4ST5ST6ST7 | Tel No: |
| Main Hospital:Post at time of leave if different from above: | Department: | GDCNo: |
| **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 CostsNo of Nights  | TravelRoad □ Rail □ | Subsistence | Other(Please specify) |
| Estimated: | £ | £ | £ | £ | £ |
| Approved: | £ | £ | £ | £ | £ |
| Signed (Applicant):Date: |

Health Education England

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

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 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/>