

APPLICATION 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/](http://www.yorksandhumberdeanery.nhs.uk/pgmde/policies/curriculum_delivery/)

PART A – STUDY LEAVE DETAILS					
Surname:			Forenames:		
Your Address:			Current Employer:		
E-mail:		Grade/Level Please delete as appropriate	FTSTA CT1/ST1 CT2/ST2 CT3/ST3 ST4	ST5 ST6 ST7 ST8 SpR	Tel No:
Specialty:					
Main Hospital: Post at time of leave if different from above:		Department:		GMC No:	
Leave requested for					
Professional Development <input type="checkbox"/> Exam Leave <input type="checkbox"/> Exam Preparation <input type="checkbox"/> Other <input type="checkbox"/>					
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:			
The following colleagues have agreed to cover my duties:					
Name (print):		Signed:			
Name (print):		Signed:			
EXPENSES	Course Fee	Residential Costs No of Nights .....	Travel Road <input type="checkbox"/> Rail <input type="checkbox"/>	Subsistence	Other (Please specify)
Estimated:	£	£	£	£	£
Approved:	£	£	£	£	£
Signed (Applicant):					
Date:					

## PART B – APPROVAL OF ROTA CO-ORDINATOR

\* **Approved / Not Approved**      *\*delete as appropriate*

Signed (rota co-ordinator):

Date:

## PART C – APPROVAL OF EDUCATIONAL SUPERVISOR

\* **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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | The applicant has made every effort to prepare him/herself for this course                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | The applicant can be released from his/her service commitment for this period              | <input type="checkbox"/> | <input type="checkbox"/> |

Name (print):

Signed:

Dated:

## PART D – APPROVAL BY SPECIALTY STUDY LEAVE ADVISOR (SSLA)

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

\* **Approved / Not Approved**      *\*delete as appropriate*

Name (print):

Signed:

Dated:

## PART E – NON APPROVAL

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 AND SENT TO THE APPROPRIATE LEAD MEDICAL EDUCATION CENTRE**

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