

**APPLICATION FORM FOR CURRICULUM/EXAMINATION LEAVE**

**FOR TRAINEES IN HEALTH EDUCATION ENGLAND, ACROSS YORKSHIRE AND THE HUMBER**

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/

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| **PART A – STUDY LEAVE DETAILS** |
| Surname:  | Forenames:  |
| Your Address:  | Current Employer:  |
| E-mail:  |

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| --- | --- | --- |
| Grade/LevelPlease delete as appropriate | ST3ST4ST5ST6ST7 |  |

 | Tel No: |
| Specialty: Acute Medicine |
| Main Hospital:Post at time of leave if different from above:  | Department:  | GMC: |
| **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:** |  |
| **The following colleagues have agreed to cover my duties:**Name (print): Signed:Name (print) Signed: |
| **EXPENSES** | Course Fee | Residential CostsNo of Nights ……… | TravelRoad  Rail  | Subsistence | Other(Please specify) |
| Estimated: | £  | £  | £  | £  | £ |
| Approved: | £ | £ | £ | £ | £ |
| Signed (Applicant):Date: |



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| **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 NO1 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 course3 The applicant can be released from his/her service commitment for this periodName (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): |
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**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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