**YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY – FORM SL-A**

**APPLICATION FORM FOR CURRICULUM/EXAMINATION LEAVE**

**FOR ALL TRAINEES WITHIN YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY**

THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH CURRICULUM DELIVERY GUIDANCE FOR TRAINEES IN: NORTH & EAST YORKSHIRE

AND NORTHERN LINCOLNSHIRE LOCALITY AND WEST YORKSHIRE LOCALITY”

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART A – STUDY LEAVE DETAILS** | | | | | | | | | | |
| Surname: | | | | | | Forenames: | | | | |
| Your Address:  E-mail: | | | | | | Current Employer: | | | | |
| Specialty: | | | | | | FTSTA ST4  CT1 ST5  Grade/Level: CT2 ST6 (please delete as CT3 ST7 appropriate) ST1 ST8  ST2 SpR ST3 | | | Tel No: | |
| **Base Hospital at time of SL:**  (mandatory field) | | | | | |  | | | GMC 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:** |  | | |
| **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  Rail  | | | Subsistence | | Other  (Please specify) |
| Estimated: | £ | | £ | | £ | | | £ | | £ |
| Approved: | £ | | £ | | £ | | | £ | | £ |
| Signed (Applicant):  Date: | | | | | | | | | | |

**FORM SL-A: PAGE 2 (continued)**

**PART B – APPROVAL OF ROTA CO-ORDINATOR**

Signed (rota co-ordinator):

Date:

**PART C – APPROVAL OF EDUCATIONAL SUPERVISOR /CLINICAL 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

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 (print):

Signed: Dated:

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

**Note: SSLA NAMES AND DETAILS ARE AS PER THE CURRICULUM DELIVERY GUIDANCE. THE LOCAL DIRECTOR OF PGME IS THE SSLA FOR FOLLOWING SPECIALTIES: CORE MEDICAL TRAINING, ACCS, PAEDIATRICS AND PSYCHIATRY**

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

Name (print):

Signed: Dated:

**I confirm that all fields of this application form have been completed accurately and that I have entered**

**these dates on erostering\***

**Applicant’s signature …………………………………………………………..**

\*Forms that do not comply with the above will not be authorised and will be placed in applicant’s pigeon hole until completed and resubmitted

**THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH “CURRICULUM DELIVERYGUIDANCE FOR TRAINEES IN: YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY AND SENT TO THE APPROPRIATE LEAD MEDICAL EDUCATION CENTRE**