

**APPLICATION FORM FOR CURRICULUM/EXAMINATION LEAVE
FOR TRAINEES IN HEALTH EDUCATION 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/

| PART A – STUDY LEAVE DETAILS | | | | | |
|--|------------|---|---|---|---------------------------|
| Surname: | | | Forenames: | | |
| Your Address: | | | Current Employer: | | |
| E-mail: | | | | | |
| Specialty: | | Grade/Level Please delete as appropriate | FTSTA CT1/ST1 CT2/ST2 CT3/ST3 ST4 | ST5 ST6 ST7 ST8 SpR | Tel No: |
| 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 B – APPROVAL OF ROTA CO-ORDINATOR

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 YORKSHIRE AND THE HUMBER AND SENT TO THE APPROPRIATE LEAD MEDICAL EDUCATION CENTRE

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