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Royal Cornwall Hospitals NHS Trust

Study & Exam Leave Application Form (Junior Doctors)

Postgraduate Education

- Application forms must be received by Postgraduate Education at least 8 weeks before the proposed leave
- Please note this is not the study funding claim form. You will need to complete the Travelling and Subsistence claim form and submit to the Postgraduate Centre within 3 months.
- No Application will be processed without your Educational Supervisor's signature.

Please answer all sections in full. (Incomplete forms will not be accepted)

PERSONAL DETAILS		
Name	Grade	Email Address
GMC Number	Directorate at time of leave	
Address for correspondence		
Contract Start Date	Contract End Date*	

**Your study leave allocation is dependent on your length of post*

PURPOSE OF LEAVE (Please complete the appropriate section)	
A. PRIVATE	
Exam – Name and Date	
Other – Please Specify:	
Inclusive Dates of Leave	Number of Working Days:
B. EXAM	
Exam Title	Venue
Exam Date(s)	
C. COURSE	
Course Title *(Please include a photocopy of the details)*	Venue
Course Fee	Course Date(s)
Does this include meals?	Does this include accommodation?
Inclusive Dates of Leave	Number of Working Days
D. CONFERENCE	
Name of Conference/Meeting *(Please include a photocopy of the details)*	Venue
Are you presenting, or Co-Author of a Paper? *(If yes, please give details and enclose an abstract of your paper)*	YES / NO
Conference Fee	Conference Date(s)
Does this include meals? YES / NO	Does this include accommodation? YES / NO
Inclusive Dates of Leave	Number of Working Days

EXPENSES

A. PRIVATE

Mode of Travel *(Please delete as appropriate)* Train	Cost

B. SUBSISTENCE

How many nights will be spent away?	Accommodation Cost/Night -
TOTAL COST OF TRAVEL & SUBSISTENCE £	

DECLARATION

A. APPLICANT

I wish to apply for study leave.
I confirm that this request fits with my personal learning plan

The date of my last appraisal was	My appraiser was	
Name	Signature:	Date:

B. DIRECTORATE MANAGER (Responsible for service implications)

(a) I approve this study leave application and confirm that all clinical duties have been covered for the dates requested.

Name	Signature	Date

(b) I am unable to approve this study leave application for the following reason: *(Please state reason below)**

Name	Signature	Date

C. EDUCATIONAL SUPERVISOR (GP Trainees TPD)

Are you familiar with this course/leave request? YES / NO	Does this leave fit with this doctor's personal learning plan? YES / NO	Is this course/leave cost effective? YES / NO

Is there a better local alternative? *(If yes, please give details)* YES / NO

(a) I approve of this study leave application.

Name	Signature	Date

(b) I am unable to approve this study leave application form the following reason: *(Please state reason below)**

Name	Signature	Date

D. DIRECTOR OF MEDICAL EDUCATION – Postgraduate Medical Education

Name	Signature	Date

**If unapproved, please notify applicant and send the application form to Trudy Eddy, Department of Postgraduate Education, Postgraduate Centre, RCHT*