

Study Leave Expenses Reimbursement Form

- ALL CLAIMS WILL BE PROCESSED USING THE E-EXPENSE SYSTEM SELENITY www.sel-expenses.com
- PLEASE ATTACH, THIS FORM, EVIDENCE OF ATTENDANCE AND PROOF OF PAYMENT TO THE SYSTEM
- CLAIMS SHOULD BE SUBMITTED WITHIN 2 MONTHS OF STUDY LEAVE TAKING PLACE

Study leave approval

- Study leave must be approved following the local processes at your current placement. Medical Education/ Clinical Supervisor (CS) at Host Trust and Education Supervisor (ES)/CS if based in General Practice. ES for Public Health trainees.

PERSONAL INFORMATION

Name:

Specialty and Grade:

Placement Location:

Email Address:

Name of Course:

Mandatory/Optional Code:

Aspirational Code plus evidence from Head of School:

Date of course:

Total expenses approved for reimbursement:

Course Fee:

Travel cost (payable if course is outside of London):

Authorising signatures needed:

(For GP/PH Placements)

TPD /ES/CS Name:

Signature:

(For Hospital Placements)

Postgrad Manager/Clinical Supervisor Name:

Signature:

I confirm that the study leave required to attend the above course was approved via the local processes in place at my placement.

Name of Trainee:

Signature:

Date: