

**APPLICATION FOR SENIOR STAFF STUDY LEAVE**

This form is to be used by all senior grades (Surgeons, Consultants, Associate Specialists, Specialty Doctors, Staff Grades & Clinical Assistants) from the University Hospitals Plymouth NHS Trust applying for study leave.

**THIS SECTION TO BE FILLED OUT IN FULL BY APPLICANT**

Full Name: Post Grade:

Hospital: Specialty:

**Organisation / Course / Conference Information: (Please do not abbreviate)**

Organisation (e.g. College):

Title of course in full:

Sponsored: Yes No Sponsor:

Location UK Overseas

Date from (dd/mm/yyyy): ~~///~~ Date to: ~~////~~ No of Days Applied for (0.00):**Purpose (tick all applicable boxes):** CPD Teaching/Training/Examining

Mandatory Training Taking Exams Learning New Techniques Revalidation

Other (provide details)

**Is cover required:** Yes No**Is cover arranged:** Yes No **Person covering?****Agreed in Personal Development Plan / Appraisal:** Yes No

I acknowledge that I have read the Senior Staff Study Leave Policy and the Standards of Business Conduct for the Trust at <http://www.plymouthhospitals.nhs.uk/ourorganisation/TrustBoard/Pages/GovernanceDocuments.aspx> and have made a declaration of gifts/hospitality to [plh-tr.hospitality@nhs.net](mailto:plh-tr.hospitality@nhs.net) where appropriate

**Applicants Acknowledgement: Date (dd/mm/yyyy):**

**The applicant must forward the completed form as an ATTACHMENT by email to their Service Line Administrator/Signatory for approval**

**Service Line Approval: Yes No Date (dd/mm/yyyy):**

**The completed form must be forwarded as an ATTACHMENT by email to Senior Staff Study Leave Mailbox. Clicking on the red button will do this.**

**DDME Authorisation Yes No Date (dd/mm/yyyy):****Study Leave Administrator Processed Date (dd/mm/yyyy):**