

How to Complete a Senior Staff Study Leave Application Form

TRW.HUM.FOR.571.6 Senior Staff Study Leave - Application Form V10

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: Dr Post Grade: Consultant
Hospital: Derriford 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):
If the dates do not match the number of days entered select an option from the dropdown box

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 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):

Enter full Christian & Surname (no initials), with title from drop down box.

Select employment grade from the drop down box. If your post is not listed please refer your application to Helen Lavis @ helen.lavis@nhs.net.

Enter service line where your post is.

Select your hospital that you are based at, from the drop down box

Enter full name of the organisation, college or business arranging the course and the course title (no abbreviations please).

If you ticked the 'UK' box enter City/Town and COUNTY (e.g. Hampshire). If you ticked the 'Overseas' box enter City/Town and the COUNTRY (e.g. Spain).

Enter the inclusive dates of the course including travel and the number of days study leave applied for (this should be the same as the number of days applied for on Medic Online/Health Roster). Select an option from the drop down box if the inclusive dates do not match the number of days applied for.

Tick all the boxes that are applicable and provide details if necessary. All of these sections must be completed by the Applicant where appropriate.

These details must be completed fully by the Service Line approver/signatory. Clicking on the button will attach this application to an email ready for sending to Medical Education.

These details will be completed by the Deputy Director of Medical Education and the Study Leave Administrator before forwarding as approved to the Applicant and Service Line approver/signatory.