**A picture containing text

Description automatically generatedIcon

Description automatically generatedSTUDY LEAVE APPLICATION FORM – UHP use only**

**This Form is for FOUNDATION Trainees ONLY**

More Info boxes

*Important Notes for APPLICANTS – please refer to last page and the comments that pop up when you hover over any*

* Incomplete forms will be returned. Ensure **ALL** sections are completed – Do not alter any other part of this document.
* Applications should be submitted with a minimum of **six weeks’** notice to allow time for approval to take place.
* Retrospective applications will not be accepted.
* Applications must have full approval and signatures of **all** necessary approvers before sending to PGMC.
* Study leave will be declined if you have not completed the Trust mandatory training – Any problems please contact:

[plh-tr.WorkforceDevelopment@nhs.net](mailto:plh-tr.WorkforceDevelopment@nhs.net)

* An application should not be regarded as approved until a confirmation email has been received from Postgraduate Medical Education Team at UHP
* **PLEASE NOTE: Leave approved on Healthroster DOES NOT confirm Study Leave has been applied for or approved – Healthroster is just for your department rota information.**

This form will accept all signature formats: Image insert of signature or stylus/mouse pen used on touch screen devices or insert electronic/digital signature - we cannot accept photo's or scans of printed off documents with a "wet" signature as this disables the form

1. **APPLICANT** – completes ***all*** sections numbered **1 to 6** then emails form to their rota coordinator
2. **ROTA MANAGER/COORDINATOR** – completes section **7** then emails form back to applicant
3. **APPLICANT –** sends the signed form to the FPD for approval
4. **ONLY AFTER SECTIONS 1 to 8 ARE COMPLETED SEND TO** [plh-tr.pgmcfoundation@nhs.net](mailto:plh-tr.pgmcfoundation@nhs.net)

Think Sustainably – please **do not** print this form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Applicants Personal Details** | | | | | |
| 1. Name: | Forename, Surname | | | 2. Home Address | Full address and postcode |
| 3. Grade | F2 | 3a. GMC Number (FPA if PA) | GMC Number | 2a. NHS Email Address | NHS Email Address |
| 5. Specialty & ward | Specialty and WARD base | | | 5a. Base Trust | Main Base i.e. Derriford |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2. Details of Leave –** Annual leave / days off cannot be used instead of study leave days. funding is not available if you choose to attend such events during a/l or days off | | | | | |
| 6. Title of Course or Event  More Info | Event Name | | | | |
| 7. Venue & Location | Venue Name and TOWN location | | | | |
| 8. No of Days Study Leave Required | Number | 9. Start Date | Click or tap to enter a date. | 10. Finish Date | Click or tap to enter a date. |
| 11. FOR HEE TRAINEES ONLY  \* Is the Course on HEE course list under FOUNDATION? **If Yes please include HEE course list number** | YES:  You must enter the HEE course list name AND number here:  **PLEASE NOTE THE COURSE MUST BE LISTED UNDER YOUR SPECIALTY TRAINING PROGRAMME SECTION**  NO: | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Estimated Expenses Requested – refer to notes in red and on page 3 –** (estimated costs are acceptable – apart from course fee) | | | **amount** – any blank boxes will be considered as NO EXPENSES TO CLAIM |
| **Course Fees** – please note: all study leave applications must be approved by FPD \* Courses not on the approved HEE course list also require HoS/FPD approval regardless of costs. Please ensure your FPD/HoS completes section 8 | | 12. | £Value |
| 13. Type of Transport | Insert Car / Train / Coach / Plane etc | 13a. Transport Costs if not own car | £Value |
| 14. Own Vehicle – Reg: | Vehicle Reg | 14a. Mileage Rate – 0.30p per mile | £ Value |
| 14b. Passenger in Car on Same Business – Yes or No & passenger name | YES  NO  Passenger Name | 14c. Mileage Rate – 0.05p per mile | £ Value |
| 15. No of nights’ accommodation | Number of nights away | 15a. | £ Value |
| 16. No of days ‘subsistence | Number of days away | 16a. | £ Value |
| 17. Other – details:  e.g. tolls / parking | Insert Details | 17a. | £ Value |
| **18. Total Requested** | | | **£** **Total Value** |

|  |  |
| --- | --- |
| **4. Mandatory Training – study leave will be rejected if your mandatory training is not up to date** | |
| You should have completed mandatory ESR training as part of your induction as well as updates as required on your ESR | Date Completed |
| 19. Mandatory ESR e-learning | Click or tap to enter a date. |
| 20. Resuscitation | Click or tap to enter a date. |
| 21. Moving & Handling | Click or tap to enter a date. |
| 22. Child Protection / Safeguarding Adults/Other: | Click or tap to enter a date. |

|  |  |
| --- | --- |
| **5. PDP –** trainee to complete section 23 & 24 prior to FPD review | |
| 23. Is this event in your agreed PDP? | YES  NO |
| 24. How will it add to your continuing development? | Enter Details |

|  |
| --- |
| **AUTHORISATION SECTION**  PLEASE ENSURE THIS FORM HAS BEEN FULLY COMPLETED BEFORE SIGNING AS NO FURTHER CHANGES TO THE FORM CAN BE MADE ONCE APPROVAL SIGNATURES HAVE BEEN ADDED |

|  |  |
| --- | --- |
| **6. Declaration by Applicant** | |
| 25. I confirm that this application is for study leave appropriate for my level of training and that the expenses detailed will be wholly and necessarily incurred in attending this event. Any financial sponsorship received has been declared. I also confirm that all approvals and signatures have been sought and obtained correctly and in line with the study leave policy. | |
| **PLEASE SIGN HERE:** | **Date:**  Click or tap to enter a date. |
| **Contact Telephone Number:**  Preferably Mobile Number – for queries |

|  |  |  |  |
| --- | --- | --- | --- |
| **7. Service Line/Rota Approval –** I confirm the leave as detailed above has been added to the Drs Healthroster / rota and the leave time has been approved | | | |
| **26. Rota Organiser/Manager**  (For the post in which the leave will be taken) | **PLEASE SIGN HERE:** | **Name:**  Type Name | **Date:**  Click or tap to enter a date. |

APPLICANT: Please email the FULLY completed & signed form to the Foundation Team at the PGMC final approval & processing **prior to attending the event and with at least 6 weeks’ notice**. Send to: [plh-tr.pgmcfoundation@nhs.net](mailto:plh-tr.pgmcfoundation@nhs.net?subject=Study%20Leave%20Application)

**Failure to do so may affect approval and available funding.**

**DUE TO THE VOLUME OF APPLICATIONS RECEIVED EACH DAY PLEASE DO NOT SEND INCOMPLETE OR UNSIGNED FORMS TO THE PGMC AS THEY WILL BE REJECTED – please also do not submit paper versions of this form – all applications must be submitted by email in word format.**

**If FPD approval is required, the Foundation Team at PGMC will forward to FPD for consideration.**

|  |  |  |
| --- | --- | --- |
| **8. PGMC/FPD Approval** | | |
| 27. PGMC/FPD (please delete accordingly)  I have discussed this leave with the F2 PgDiT and also reviewed their portfolio and PDPs.  I confirm that the F2 PgDiTs ePortfolio is on track for a successful outcome at ARCP  This is curriculum aligned essential study leave activity and has been reviewed by the Foundation Programme Coordinator | 28. Approval and Confirmation that this study leave event is suitable for the applicants current stage of training and aligns to the curriculum. | YES  NO |
| 28a. Based on information contained in the foundation study leave policy – I approve this course at the following category: | CAT 1 CAT 2 CAT 3 |
| I am not able to approve this study leave due to course suitability / study leave policy – I am referring application to Foundation Head Of School | YES |
| **PLEASE SIGN HERE:** | **Name**  Type name  **Position**  **HoS or TPD or FPC** | |

|  |  |  |
| --- | --- | --- |
| **9. Postgraduate Medical Education Centre (PGMC) – Check List - Administration use only** | | |
| All sections fully completed | Yes  No | Any Sections not complete – return form to applicant |
| Rota Coordinator - Approval Given | Yes  No | If No – return form to applicant |
| TPD / HoS – Approval Required | Yes  No | Has TPD referred to HoS for final approval  Yes  No |

**Trainee Guide**

Complete an application form for each study leave event.

Make sure any study leave is compatible with your agreed personalised work Schedule.

Obtain time off approval from the rota coordinator who will be managing cover while you take study leave.

Ensure your Trust Mandatory Training / ESR is up to date.

Discuss personal development plan and educational activities with FPD

Ensure FPD completes the FPD Approval Section

**With at least 6 week's notice** - Send fully signed and completed application form to the PGMC for final and financial approval.

We would advise you not to commit financially to the activity until you have confirmation that funding is approved . We also advice not booking the course/event until you have received confirmed approval from PGMC. This will include details of the funding that has been approved.

Update e-Portfolio with evidence of attendance after event

After the event, please submit your expense claim to PGMC; attaching **certificate of attendance and all receipts within 10 weeks of attending** (the expense claim form is sent to you once we’ve received your completed application and final approval has been granted).

Inform PGMC if course is cancelled via [plh-tr.pgmcfoundation@nhs.net](mailto:plh-tr.pgmcfoundation@nhs.net?subject=Study%20Leave%20Application)

**NOTE: Applications must be submitted a minimum of 6 weeks before the activity.**

**No approval will be given for retrospective applications**

**Applications can only be approved by a Foundation Programme Director (FPD) or Head of School**

**Educational Supervisors can only approve study leave applications from foundation doctors to undertake up to 10 days taster experience (2 x 5 day blocks) across the two-year foundation programme**

*If you are unsure of any aspect of the study leave policy or process, please do not hesitate to contact a team member at the Postgraduate*

*Medical Education Centre using the foundation team email address, pop down to see us or call 01752 4 37907.*

*To help, here is a very brief breakdown of the process:*

1. *Complete the application form fully – making sure no boxes are left empty.*
2. *Don't forget to check the HEE course list and enter the course name and course number on your application form.*
3. *Send your signed application form to your Rota Coordinator in the first instance – if they approve the time, they will insert their signature in the correct section of the form and send it back to you.*
4. *Send that signed form to the FPD – they will insert their signature in the correct section of the form and send it back to you.*
5. ***Send the fully completed and fully signed form to us for final approval and financial approval – DO NOT SEND TO US IF INCOMPLETE OR SIGNATURES MISSING as it will be rejected.***
6. *The above must be done at least 6 weeks before the study leave events start. Can you please ensure the form is completed fully and fully signed before sending to us as that saves a lot of query time and means we can process application faster – please also ensure signatures are inserted onto the same document across the board as we cannot accept image attachments, written signatures, or multiple versions of the same form with different signatures on each version.*

**For further details & the full Study Leave policy & process, including travel and subsistence expenses guide, please refer to PGME Plymouth Webpage - https://www.pgmeplymouth.com/foundationstudyleave**

**or HEE -** https://peninsuladeanery.nhs.uk/about-us/study-leave-across-the-south-west/