

**STUDY LEAVE APPLICATION FORM**

Please complete this form, to apply for study leave reimbursement, and send to [juniordoctorsstudyleave@gstt.nhs.uk](mailto:juniordoctorsstudyleave@gstt.nhs.uk) at least **6 weeks in advance** of the course or conference. Your application will not be processed unless the relevant sections are completed. If you have any queries, please contact ext. 85184 or email [juniordoctorsstudyleave@gstt.nhs.uk](mailto:juniordoctorsstudyleave@gstt.nhs.uk)

**Title:** ..... **First name:** ..... **Surname:** ..... **Payroll/Assignment No:** .....

**GMC Number** ..... **Contract start date at GSTT**..... **Contract finish date at GSTT** .....

Department..... Email .....

Grade: F2  ST1/2  ST3+/SpR  Clinical Fellow  Staff Grade/Associate Specialist/Specialty Doctor  Consultant

Doctor in Training: Yes/No      If yes, Training Programme .....	
Course Title: .....	
Course Start Date..... Course End Date..... Location: .....	
<b><u>For Doctors in Training</u></b>	
HEE Mandated/ Optional Course? YES/NO	
If NO, Has your TPD/HoS approved? YES/NO	
HEE Reference Number _____ (Without a HEE Reference Number this application will not be processed)	

**APPROVAL FOR TIME OFF & COURSE RELEVANCE**  
 (If you are not applying for reimbursement you do not need to submit this form to the Post Graduate Department)

Leave of absence requested: ..... working days, from.....to.....

Will a locum be required? YES /NO      If NO, who will cover? .....

If YES, please specify dates and times..... If YES, please also notify Medical Staffing immediately, providing all necessary details and authorisation

**Approval**  
 Consultants must sign junior doctor applications. The clinical director must sign for consultant applications. I acknowledge sight of this application and I accept its service consequences. For junior doctor applications I confirm that the course applied for has been approved by HEE

Leave declined, state reason .....

**Signed**..... **Date** .....

**Signed by (print name)**.....

**COMPLETE THIS SECTION TO APPLY FOR REIMBURSEMNT**

Registration/course fees                      £.....

Travel & accommodation costs              £.....

Reimbursement should be for the cheapest mode. UK: Standard or Apex rail fare / Abroad: Apex fare. Travel within the Greater London area is not funded. Mileage, when car travel is necessary, is costed at 0.24p per mile.

**Total claim for this period of leave:**      £.....

**Office Use Only: DIRECTOR OF POSTGRADUATE MEDICAL EDUCATION'S APPROVAL**  
 Claim Approved                                  Claim Declined

Comments.....

**Signed**..... **Date**.....