

Brighton and Sussex University Hospitals NHS Trust

Form C

Study Leave Application form for GP Trainees

Please complete this form fully and attach a programme or your application will not be processed
The form must be submitted *at least 6 weeks* before you intend to take study leave

J

1. Your Details

Surname

First Name

Grade

Relevant Post

Email

Bleep No.

2. Study Leave Details

Reason: **COURSE/ EXAM / PRIVATE STUDY/ CONFERENCE (Please circle)**

Inclusive dates of absence (include weekend on-call)

Start Finish No of Days

Course Title

Venue

Course fees

Are you on nights? Yes / No

Subsistence Required? Yes / No Travel / Accom

Signature of Doctor Applying.....Date.....

3. Approval from Hospital Name.....

Leave Coordinator /

Consultant for post Signature..... Date.....

Locum Cover Required? Yes / No

PLEASE NOTE: It is your responsibility to ensure there is adequate cover during your leave. For posts in General Medicine and A&E you MUST let Medical Staffing know in advance that you would like to take leave as a locum may be required. You can do this by emailing james.glover@bsuh.nhs.uk for authorisation.

Medical Staffing (only if locum is required) Signature

4. Approval from Programme Directors

You must now email your GP Programme Directors with the details of your leave request and cc your Educational Supervisor / Trainer into the email. The PD's will email approval back. A copy of the email must then be attached to this form and handed into Mr Peter Chesterman, The Study Leave Administrator, Postgraduate Medical Centre, The Audrey Emerton Building, The Royal Sussex County Hospital.

Approval by Study Leave Administrator

Name

Signature

Date

Comments

OFFICE USE ONLY

MAXIMUM ESTIMATED COSTS

Fee

Travel

Subsistence

Total

Date Sent