

**All details must be completed on both sides or form will be returned**

**APPLICATION FOR STUDY LEAVE AND EXPENSES TRAINING GRADES**

To be completed **IN BLOCK CAPITALS** at least 6 weeks before course.

**NAME:** ..... **GRADE:** ..... **BLEEP:** .....

**SPECIALTY:** ..... **CONSULTANT:** .....

**START DATE IN POST:** ..... **END DATE IN POST:** .....

**DATES OF PROPOSED LEAVE** ..... **NO. WORKING DAYS** .....

Commitments to be covered (please specify). Week beginning: .....

DATES	AM	PM	ON-CALL
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Commitments to be covered (please specify). Week beginning: .....

DATES	AM	PM	ON-CALL
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Tuesday			
Wednesday			
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Friday			
Saturday			
Sunday			

**SIGNED (MEDICAL STAFFING):** ..... (must be signed) **DATE:** .....

**COVER ARRANGEMENTS:** Internal Cover/ Locum Required/ No Locum Required (please state)

If internal cover - who has agreed to cover you?

.....**PRINT AND SIGN NAME** (cover person)

Please tick the box if you have informed your consultant's secretary about this leave:

**CONSULTANT APPROVAL:** ..... (must be signed) **DATE:** .....

**CLINICAL DIRECTOR APPROVAL:**(if locum required): ..... (must be signed) **DATE:** .....

**ALL DETAILS MUST BE COMPLETED OR FORM WILL BE RETURNED!**

I wish to apply for **STUDY LEAVE** from ..... to ..... for the purpose of the following:

1. **ATTENDING A COURSE/MEETING:**

Title: .....

Dates: ..... Location: .....

2. **PREPARING FOR AN EXAMINATION** for the: .....  
(private study requested)

3. **SITTING THE EXAMINATION** for the: ..... Date: .....

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I wish to apply for the following **EXPENSES**: (please complete fully)

1. **COURSE/CONFERENCE FEE** (exam fees may not be claimed): £.....

2. **TRAVEL:** Means of travel: RAIL AIR ROAD TAXI £.....

If travelling by road, please estimate return mileage: ..... miles  
(Receipts for petrol NOT required)

3. **SUBSISTENCE** (if not included in course/conference fees)

Accommodation: No. of nights: ..... (Max. £60 per night b&b) £.....

Meals: No. days: ..... (Max. £5 lunch, £15 evening meal) £.....

**TOTAL EXPENSES REQUESTED:** (Please retain receipts to claim expenses once this claim has been approved) £.....

**SIGNED:** ..... (applicant)

**DATE:** .....

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**RETURN COMPLETED FROM TO BEBBA SMITHERS - POSTGRADUATE MANAGER**

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Signed: ..... **CLINICAL TUTOR**

**DATE:** .....

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# STUDY LEAVE GUIDELINES

- Claims must be made within one month of course.
- Each application is considered separately, on its own merits. Since the budget is necessarily limited, guidelines have been drawn up to allow fair allocation of monies.
- Retrospective applications will not be considered.
- Doctors uncertain they have obtained a place on a specific course should submit a provisional application.
- Any period of leave which can be granted is always subject to the proper maintenance of the service.
- A maximum of 30 study leave is allowable per annum.
- Approval will normally be given by the Clinical Tutor. The procedure for appeal is for the doctor to write to the Medical Director.
- Even if no expenses are required you must still apply for study leave.
- All forms are to be returned to Beverly Norton-Smith at CMEC, including claim form. An approval letter will be sent if study leave is granted. An explanation will be sent if not.

## SUBSISTENCE RATES

### Meal Allowances:

#### Lunch:

Receipted cost of lunch up to £5 when away from base for more than 5 hours, including the lunchtime between 1200 and 1400.

#### Evening Meal:

Receipted cost of an evening meal up to £15 when away from base for more than 10 hours, and unable to return home or base before 1900.

### Accommodation:

Receipted cost up to a maximum of £60 per night for bed and breakfast.

### Road travel:

£0.25p per mile

**ANY QUERIES PLEASE CONTACT BEVERLY NORTON-SMITH, EXT. 2731**