

**STUDY LEAVE REQUEST FORM FOR ALL DOCTORS IN TRAINING (HEE NORTH EAST)**  
**This form must be completed for each episode of study leave. ALL PARTS OF THIS FORM ARE MANDATORY**

Part 1: Doctor in Training - personal details											
Surname:		<input style="width: 150px;" type="text"/>		First name:		<input style="width: 150px;" type="text"/>		Specialty:		<input style="width: 150px;" type="text"/>	
Start date of training with HEE north east:				GMC Number		<input style="width: 100px;" type="text"/>		Grade:		<input style="width: 50px;" type="text"/>	
								FT/LTFT:		<input style="width: 50px;" type="text"/> %	
Current attachment:				<input style="width: 150px;" type="text"/>		Start and end date of current attachment:				<input style="width: 50px;" type="text"/> to <input style="width: 50px;" type="text"/>	
Contact number:				<input style="width: 150px;" type="text"/>		Educational Supervisor:				<input style="width: 150px;" type="text"/>	
Bleep number:				<input style="width: 150px;" type="text"/>		Clinical Supervisor:				<input style="width: 150px;" type="text"/>	
Email address:				<input style="width: 150px;" type="text"/>		Site during episode of requested leave:				<input style="width: 150px;" type="text"/>	
Part 2: Details of proposed study leave											
Type of study leave requested: Course / Conference / exam leave / private study / taster session / regional teaching *											
Is this an international study leave request? YES / NO											
Title of event or exam the leave relates to:								<input style="width: 200px;" type="text"/>			
Location of event:				<input style="width: 150px;" type="text"/>				Is this mandatory? YES/ NO			
<b>Please enclose a programme or the available information for the event</b>  Dates of event: FROM: <input style="width: 50px;" type="text"/> TO: <input style="width: 50px;" type="text"/>  Total number of study days taken in this academic year <input style="width: 40px;" type="text"/> Total number of study days being requested this application: <input style="width: 40px;" type="text"/>  If staying in a hotel, how many nights: <input style="width: 40px;" type="text"/> (max £55 per night)											
*If applying for multiple teaching dates, please enter all dates here....          											
<b>How will this educational experience benefit you?</b>											
Aims of Course or study leave experience: 1. <input style="width: 500px;" type="text"/> 2. <input style="width: 500px;" type="text"/>											
Describe how this study leave experience will address your learning needs (refer to your learning plans / log book / PDPs / STC or School mandatory or recommended courses):											
1. <input style="width: 800px;" type="text"/>											
2. <input style="width: 800px;" type="text"/>											
Have you informed your Consultant of this request? YES / NO      Please name Consultant: <input style="width: 150px;" type="text"/> Has your rota maker approved this leave? YES / NO Have you arranged cover of your duties including prospective cover of any on call commitments? YES / NO											

<b>Part 3: Funding – please enter the estimated costs</b>					<b>Payroll Number:</b> <input style="width: 150px;" type="text"/>	
Course fee:	Accommodation:	Travel:	Mileage	Subsistence:	Other: <input style="width: 80px;" type="text"/>	<b>Total amount estimated:</b>
£	£	£		£	£	£

I confirm that I have discussed this application with my educational supervisor

Signed (Doctor in training) ..... Please send to ES for approval.

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**Name of Educational Supervisor**..... **Date:**

**Educational Supervisor signature if approved** ..... Once approved by ES please send to trust for approval

**(For GP Trainees this should be the Clinical Supervisor)**

<b>Part 4 (a): Pre-Trust approval (Not required for GP Posts)</b>	
Study leave time approved: YES / NO	Total Amount of study leave approved: £ <input style="width: 100px;" type="text"/>
Approval date: <input style="width: 100px;" type="text"/>	<b>NB: This is an estimated not actual amount</b>
Director of Medical Education or deputy/representative conditions/comments: <input style="width: 300px;" type="text"/>	
Signature): .....	

<b>Part 4 (b): Post Trust Approval : For completion by Trust once the study leave has been taken and the expense receipts have been received.</b>		
Authorisation of actual payment amount (Education team recognised signatory)		
Name: <input style="width: 150px;" type="text"/>		
Designation: <input style="width: 150px;" type="text"/>	Date: <input style="width: 100px;" type="text"/>	
Signature.....		
<i>For official use only:</i> Date rec'd PGEC <input style="width: 80px;" type="text"/> Date rec'd in Medical Staffing <input style="width: 80px;" type="text"/> Claim number: <input style="width: 100px;" type="text"/>		

<b>Part 5: Doctor in Training Signature</b>	
I have attached copies of all receipts and completed an expenses claim form: YES / NO	
I have discussed with my Educational Supervisor how I can best feedback my experience: YES / NO	
Doctor in training signature.....	Date: <input style="width: 100px;" type="text"/>

**Please note that once the study leave request form has been approved a copy must be uploaded to the e-portfolio for all GP and Specialty doctors in training.**

**For Study Leave requests within GP Practice posts only, GP trainees must also send the form to [generalpractice.ne@hee.nhs.uk](mailto:generalpractice.ne@hee.nhs.uk) or the study leave approval may be at risk.**