

**SCHOOL OF GP IN YORKSHIRE AND THE HUMBER DEANERY**

**STUDY LEAVE REQUEST**

Please complete and submit the form EIGHT weeks prior to the course. Retrospective applications will not be supported.

STUDY LEAVE DETAILS		
Surname:	Forenames:	
Your Address:	Scheme: <b>North Lincolnshire GP VTS Scheme</b>	
E-mail:	Current Placement::	
GMC Number:	Grade/Level: ST1 (please delete as appropriate) ST2 ST3	Tel No:

<b>Leave requested for:</b>			
Professional Development <input type="checkbox"/>	Exam Leave <input type="checkbox"/>	Exam Preparation <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Dates (inclusive of travel)</b>			
From:	To:	No of days:	
<b>Title of Course/Conference/Study Day:</b>			
<b>Location:</b>			
<b>Exam details:</b>		<b>Date of Exam:</b>	
<b>Number of previous attempts at this exam:</b>		<b>Dates taken:</b>	

EXPENSES	Course Fee	Residential Costs No of Nights .....	Travel Road <input type="checkbox"/> Rail <input type="checkbox"/>	Subsistence	Other (Please specify)
Estimated:	£	£	£	£	£
Approved:	£	£	£	£	£

<b>Curriculum statements that will be addressed through this course</b>	
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Your PDP (active sections only) must be downloaded and attached to this application form as well as any supporting documents.

<b>Signed (Applicant):</b>	<b>Date:</b>
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I agree to this GP Registrar attending the mentioned study leave:

Signatures required from:		Date
GP Trainer or Clinical supervisor :		
Educational Supervisor:		
Rota Coordinator or Practice Manager		

APPROVAL BY TRAINING PROGRAMME DIRECTOR	
* <b>Approved / Not Approved</b>	<i>*delete as appropriate</i>
Name (print):	
Signed:	Dated:

If the course has been approved contrary to the GPSTP policy, Educational Supervisor to give reason why below:

**For office use only:**

Date received:		Date of course:	
Signatures/ Confirmation:		Notice given:	
PDP attached		Any information missing?	
Approval given/refused		Date of approval/refusal	