**A – BROAD BASED TRAINING - STUDY LEAVE APPLICATION FORM**

* **Please complete prior to taking Study Leave in CAPITAL LETTERS**
* **Please forward to Peninsula or Severn BBT Administrator as appropriate**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Surname** | |  | | | | | | | | | | | | | | **First Name** | | | | |  | | | | | | | | | | | | | | | | | | |
| **GMC Number** (or equivalent for Dental/Public Health trainees) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Trust** (at time of Leave) | | | | |  | | | | | | | | **Specialty** (at time of Leave) | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Tel** | |  | | | | | | | | | **Email Address** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Please mark with ‘x’ any that apply:** | | | | **SpR** | | |  | | --- | |  | | | | | **FTSTA** | | | | |  | | --- | |  | | | | | **ST** | | |  | | --- | |  | | | |  | | | | | | | |  | | | | | | | | |
| **LAT** | | |  | | --- | |  | | | | | **Flexible Trainee** | | | | |  | | --- | |  | | | | | **Year** | | **….** | | | | | | | | | | |  | | | | | | | | |
| **Current Address** (including postcode) | | | | | | | | | | | **Type of Leave** (please mark with ‘x’ as appropriate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Study | | | | | | |  | | --- | |  | | |  | | | Private study | | | | | | | | | | | |  | | --- | |  | | | | |  | | |
| Examination | | | | | | |  | | --- | |  | | |  | | | | | | | | | | | | | | | | | | | | |
| **Study Leave Venue** (eg Bristol/Plymouth) | | | | | | | | | | | **Name of Course/Exam** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Anticipated Cost/course fees** | | | | | | | **£** | | | | | **Anticipated Travel / Subsistence Fees** | | | | | | | | | | | | | | | | | | **£** | | | | | | | | | |
| **Dates:** | **From** | | / /20 | | | | | **To** | | / /20 | | | | | **No of days applied for:**  (must not exceed your remaining allocation) | | | | | | | | | | | | | | | | | | |  | | | | | |
| **I have booked leave in my department and am able to be released on the above dates** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | --- | |  | | | | **No** | | | |  | | --- | |  | | |
| **My Educational Supervisor has agreed that the activity relates to my professional development needs, and I have completed an approved learning agreement** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | --- | |  | | | | **No** | | | |  | | --- | |  | | |
| **I would like to:**  1) claim these costs from my Study Leave Budget | | | | | | | | | | | | | | | | | | | | | **Yes** | | | |  |  | | | | | | | | | | | | | |
| (If you do not have enough funds remaining will you be prepared to self-fund the remaining costs | | | | | | | | | | | | | | | | | | | | | **Yes** | | | |  |  | | | **No** | | | | | | |  | | |  |
| 2) self-fund this activity in its entirety | | | | | | | | | | | | | | | | | | | | | **Yes** | | | |  |  | | | | | | | | | | | | | |
| 3) request that the Study Leave be part-funded | | | | | | | | | | | | | | | | | | | | | **Yes** | | | |  |  | | | | | | | | | | | | | |
| **Supervising Consultant’s Signature at time of Leave  (*not applicable for Public Health*)** | | | | | | | | | Signature,  Name CAPS  and role | | | | | | | | | | | | | | | | **Date** | | |  | | | | | | | | | | | |
| **Rota Manager’s Signature** (or equivalent)  **(*not applicable for Public Health*)** | | | | | | | | | Signature,  Name CAPS  and role | | | | | | | | | | | | | | | | **Date** | | |  | | | | | | | | | | | |
| **Educational Supervisor’s Signature of Authorisation** | | | | | | | | | Signature,  Name CAPS  and role | | | | | | | | | | | | | | | | **Date** | | |  | | | | | | | | | | | |
| **Applicant’s Signature** | | | | | | | | |  | | | | | | | | | | | | | | | | **Date** | | |  | | | | | | | | | | | |

**FOR SCHOOL USE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Study leave remaining (days) |  | **Study leave funds remaining (£)** | | **£** | |
| **Signed on behalf of the School:** |  | | **Date:** |  | |
| * **Study leave recorded in Intrepid database** | | | | |  |
| * **Confirm to trainee whether study leave is approved and whether expenses will be reimbursed** | | | | |  |
| * **Send trainee expenses claim form for completion after study leave activity** | | | | |  |

**Explanatory Notes**

**Email address:** Please supply an email address which is active, permanent and will not change from post to post to ensure that we are able to contact you. If you do change your email address, please contact your relevant School point of contact with the new details.

**Telephone number:** Please note your mobile number so that we are able to contact you should we have any queries about your application.

**Year/Grade:** Please mark all that apply to you - and note your year group.

**Predicted contract end date:** This refers to the date that your current training programme completes. We need this information in order to allocate pro-rata Study Leave budget as applicable. For any queries about this, please contact your School point of contact.

**Home address:** We are requesting this information for payment purposes. Work addresses will not be accepted.

**Type of Leave:**

Study: e.g. courses, conferences, training events (both internal and external)

Private study: e.g. exam preparation

Examination: you can take leave for exams (you cannot claim fees for examinations)

**Leave Venue:** If overseas, please provide supplementary information to your School point of contact.

**Name of course/exam:** Please provide full title of course or examination.

**Anticipated cost/Course fees:** Please include full cost (including VAT in pounds sterling) but excluding any travel and subsistence costs. Estimated costs are acceptable at this stage as further details will be requested after the training event on the Expenses Claim form. Public Health Specialty Registrars are required to use NHS Bristol Expenses Claim forms and submit them to the Programme Office at NHS Bristol.

**Anticipated Travel/Subsistence fees:** Please include full cost (including VAT in pounds sterling) but excluding any course fees. Estimated costs are acceptable at this stage as further details will be requested after the training event on the Expenses Claim form. Please see the ‘Budget and Expenses’ section of the Study Leave Policy for further details.

**Dates from and to:** This refers to the first and last dates of the training period.

**No. of days applied for:** You must not exceed your total annual allocation of Study Leave days (please see section headed 'Allocation per Trainee' in the Study Leave Policy). Please note you must submit this form if there is a cost involved, even if you complete the course or attend the event in your own time.  If you require no leave, enter zero in number of days applied for.

**Study Leave Budget:** Please see section headed 'Allocation per Trainee' in the Study Leave Policy.

**Supervising Consultant:** This refers to your Clinical Supervisor in the placement that you plan to take Study Leave. Not applicable for Public Health.

**Rota Manager:** This refers to your Rota Manager in the placement that you plan to take Study Leave. Not applicable for Public Health.

**Educational Supervisor:** This refers to the manager with whom you have approved your learning agreement.