**Application for Study Leave and Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Date Of Application**  |  |
| **Grade**  |  | **Speciality & Base** |  |
| **Start Date at ESHT** |  | **End Date at ESHT** |  |
| **GMC Number** |  | **Descretionary Code for overseas + Approved listed courses** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Study** | **Date From**  | **Date To** | **Venue** | **Number of Days Required**  | **Description**  |
| Course |  |  |  |  |  |
| Conference |  |  |  |  |  |
| Private (Max 5 Days)  |  |  |  |  |  |
| Exam |  |  |  |  |  |
| **Taster for FY1 & FY2s****only** |  |  |  |  |  |

PLEASE NOTE – IF YOU WERE DUE TO BE ON-CALL, DURING THIS PERIOD, IT IS YOUR RESPONSIBILITY TO ARRANGE COVER

Expense claims must be submitted within 2 months of the course/event. Receipts should be provided for all costs.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Estimated Cost | Actual Cost | Receipt Submitted |
| Course Fee |  |  |  |
| Rail / Bus / Tube Fare  |  |  |  |
| Mileage @30p per mile, from 1.1.23, for courses, & for RTDs) |  |  |  |
| Accommodation  |  |  |  |
| Subsistence -£5 lunch/£15 dinner (excluding alcohol)  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | NAME (PLEASE COMPLETE IN CAPITAL LETTERS) | Date |
| Departmental leave coordinator  |  |  |
| Educational supervisor  |  |  |
| Study leave administrator  |  |  |
| Clinical Tutor/ GP Programme Director  |  |  |

OFFICE USE ONLY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Claim Amount  | Budget Code  |  |  | Initials | Date |
| £ | Course fees | £ | Recorded on database  |  |  |
| £ | Travel & sub | £ | Receipt sent to Payments  |  |  |

|  |  |
| --- | --- |
| Time Allowance available prior to this claim |  |
| Funding available prior to this claim  | £ |
| Funding available post claim  | £ |

|  |
| --- |
|  |

Medical Education Manager

Please return this form via email to: esh-tr.doctorsintrainingstudyleave@nhs.net