

YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY – FORM SL-A

**APPLICATION FORM FOR CURRICULUM/EXAMINATION LEAVE
FOR ALL TRAINEES WITHIN YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY**

THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH CURRICULUM DELIVERY GUIDANCE FOR TRAINEES IN: NORTH & EAST YORKSHIRE AND NORTHERN LINCOLNSHIRE LOCALITY AND WEST YORKSHIRE LOCALITY”

PART A – STUDY LEAVE DETAILS																			
Surname:		Forenames:																	
Your Address:		Current Employer:																	
E-mail:																			
Specialty:		Grade/Level: (please delete as appropriate) <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td>FTSTA</td> <td>ST4</td> </tr> <tr> <td>CT1</td> <td>ST5</td> </tr> <tr> <td>CT2</td> <td>ST6</td> </tr> <tr> <td>CT3</td> <td>ST7</td> </tr> <tr> <td>ST1</td> <td>ST8</td> </tr> <tr> <td>ST2</td> <td>SpR</td> </tr> <tr> <td>ST3</td> <td></td> </tr> </table>		FTSTA	ST4	CT1	ST5	CT2	ST6	CT3	ST7	ST1	ST8	ST2	SpR	ST3		Tel No:	
FTSTA	ST4																		
CT1	ST5																		
CT2	ST6																		
CT3	ST7																		
ST1	ST8																		
ST2	SpR																		
ST3																			
Main Hospital: Post at time of SL if different from above:		Department:		GMC No:															
Leave requested for: Professional Development <input type="checkbox"/> Exam Leave <input type="checkbox"/> Exam Preparation <input type="checkbox"/> Other <input type="checkbox"/>																			
Dates (inclusive of travel) From: _____ To: _____ No of days: _____																			
Title of Course/Conference/Study Day:																			
Location:																			
Exam details:		Date of Exam:																	
Number of previous attempts at this exam:		Dates taken:																	
The following colleagues have agreed to cover my duties: Name (print): _____ Signed: _____ Name (print): _____ Signed: _____																			
EXPENSES	Course Fee	Residential Costs No of Nights	Travel Road <input type="checkbox"/> Rail <input type="checkbox"/>	Subsistence	Other (Please specify)														
Estimated:	£	£	£	£	£														
Approved:	£	£	£	£	£														
Signed (Applicant):																			
Date:																			

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PART B – APPROVAL OF ROTA CO-ORDINATOR

Signed (rota co-ordinator):

Date:

PART C – APPROVAL OF EDUCATIONAL SUPERVISOR /CLINICAL SUPERVISOR

*** Approved / Not Approved**

**delete as appropriate*

I CERTIFY THAT:

YES NO

1 This study/course activity is appropriate to the applicant's present training requirements

2 The applicant has made every effort to prepare him/herself for this course

3 The applicant can be released from his/her service commitment for this period

Name (print):

Signed:

Dated:

PART D – APPROVAL BY SPECIALTY STUDY LEAVE ADVISOR (SSLA)

Note: SSLA NAMES AND DETAILS ARE AS PER THE CURRICULUM DELIVERY GUIDANCE. THE LOCAL DIRECTOR OF PGME IS THE SSLA FOR FOLLOWING SPECIALTIES: CORE MEDICAL TRAINING, ACCS, PAEDIATRICS AND PSYCHIATRY

*** Approved / Not Approved**

**delete as appropriate*

Name (print):

Signed:

Dated:

If leave is not approved, please state reasons below (to be completed by the SSLA):

THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH “CURRICULUM DELIVERY GUIDANCE FOR TRAINEES IN: YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY AND SENT TO THE APPROPRIATE LEAD MEDICAL EDUCATION CENTRE