



Health Education England

STUDY LEAVE APPLICATION FORM

GENERAL PRACTICE SPECIALTY TRAINEES

DO NOT PRINT THIS FORM

All sections highlighted in yellow must be completed by the trainee prior to the course.

A. PERSONAL DETAILS

Surname		GMC Number	
Forename		NTN Number	
Trust / Practice			
Grade			

B. COURSE DETAILS

Title of Course	
Date(s) of Course	
Number of Study Leave Days Taken	
Venue of Course	
Course Provider	
Course Fee	£
Accommodation	£
Subsistence	£
Travel	£

C. APPROVAL

Please tick to confirm the following -

1. I confirm I have informed my Education Supervisor that I plan to attend this course and have obtained their approval
2. I confirm I have informed my rota master that I plan to attend this course and have obtained their approval

<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Yes <input type="checkbox"/> N/A

Date Submitted

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