



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



