

**HEE SW DENTAL STUDY LEAVE APPLICATION FORM**

**TO BE COMPLETED PRIOR TO STUDY LEAVE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | |  | | | | **Forenames** |  | | |
| **Trust** | |  | | | | **Specialty** |  | | |
| **GDC Number** | |  | | | | **Grade** |  | | |
| **Email Address** | |  | | | | **Tel No** |  | | |
| **Purpose of Study Leave (eg name of course, conference)** | | | | | | | | | |
|  | | | | | | | | | |
| **Venue/Location** | | | | | | | | | |
|  | | | | | | | | | |
| **Anticipated costs** | | | | | | | | | |
| **Course fee** | | | | **£** |  | | | | |
| **Travel** | | | | **£** |  | | | | |
| **Subsistence** | | | | **£** |  | | | | |
| **Dates** | **From:** | |  | **To:** |  | | | **No of days applied for** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I have booked leave in my department and can be released on the above dates** | | | | **Yes / No** |
| **Educational Supervisors Signature** |  | **Date** |  | |
| **Rota Manager’s Signature *(if required)*** |  | **Date** |  | |
| **TPD Signature *(if Required)*** |  | **Date** |  | |
| **Should there be insufficient study leave funds available to fully reimburse this course then I agree to self-fund this activity** | | | | **Yes / No** |
| **Applicant’s Signature** |  | **Date** |  | |

**FOR DENTAL OFFICE USE ONLY:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Study leave remaining** | |  | | **days** | | |
| **Signed on behalf of the Dental Deanery** |  | **Date** |  | | | |
|  | | | | | | |
| **Study leave recorded in database** | | | | |  |  |
| **Confirm to trainee whether study leave is approved** | | | | |  |  |
|  | | | | |  |  |