**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** |  |  |
|  |  |  |