### Application Form for Study Leave funded by the Future Leaders Programme

### in Yorkshire and the Humber

Please consult the study leave guidance and resources on [our website](https://www.yorksandhumberdeanery.nhs.uk/education/future_leaders_programme/information-fellows) before completing this form.

Note to Medical Education staff: Accent Leave Manager is not used by fellows on the Future Leaders Programme. If fully approved, this form may be accepted from fellows on the Future Leaders Programme and included on the Trust monthly CD return.

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| **Part A – Study Leave Details** | | | | | | | | | | | | | |
| Surname: | |  | | | | Forename: | |  | | | | | |
| Email: | |  | | | | Profession: | |  | | | | | |
| Telephone no. | |  | | | | Registration no. | |  | | | | | |
| Parent Training Programme: | | |  | | | | | | | | | Medical/Dental/Public Health Registrars only | |
| Current employer: | | |  | | | | | | | | | | |
| Host organisation: | | |  | | | | | | | | | | |
| Post/project title: | | |  | | | | | | | | | | |
| Leave requested for: | | | Professional Development  Other, please specify: | | | | | | | | | | |
| **Dates (inclusive of travel)** | | | | | | | | | | | | | |
| From: | | | | | To: | | | | No of days: | |  | | |
| Name of course/conference: | | | |  | | | | | | | | | |
| Provider/Location: | | | |  | | | | | | | | | |
| **Expenses** | **Course fee** | | | **Accommodation**  No of nights: | | | **Travel**  Milage  Public Transport | | | **Subsistence** (Meal) | | | **Other.**  Please specify: |
| Estimated | £ | | | £ | | | £ | | | £ | | | £ |
| Approved | £ | | | £ | | | £ | | | £ | | | £ |
| **Brief supporting statement (Please briefly outline your reasons for wishing to attend this course/conference and how they relate to your learning needs):** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Applicant signature:** | | | |  | | | | | | | | | |
| **Date signed:** | | | |  | | | | | | | | | |

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| **Part B – Educational Supervisor Approval** | | |
| Approved | Not Approved | |
| I certify that: | 1. The activity is appropriate to the applicant’s present learning objectives 2. The applicant has made every effort to prepare him/herself for this activity 3. The applicant can be released for this period | |
| Supervisor Signature: | |  |
| Supervisor Name: | |  |
| Date signed: | |  |
| **Part C – Associate Postgraduate Dean Approval** | | |
| Approved | Not Approved | |
| APD Signature: | |  |
| APD Name: | |  |
| Date signed: | |  |
| **Part D – Non Approval (To be completed by the APD)** | | |
| If the leave request is not approved, please state the reasons below: | | |

This application form should be completed in accordance with the Study Leave policy and guidance which is available on [our website](https://www.yorksandhumberdeanery.nhs.uk/education/future_leaders_programme/information-fellows). Completed forms should be sent to the appropriate lead Medical Education Centre. Expense claims must be submitted within six weeks of the event and only after the activity has taken place.