

**YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY – FORM SL-A**

**APPLICATION FORM FOR CURRICULUM/EXAMINATION LEAVE  
FOR ALL TRAINEES WITHIN YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY**

THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH CURRICULUM DELIVERY GUIDANCE FOR TRAINEES IN: NORTH & EAST YORKSHIRE AND NORTHERN LINCOLNSHIRE LOCALITY AND WEST YORKSHIRE LOCALITY”

<b>PART A – STUDY LEAVE DETAILS</b>																			
Surname:		Forenames:																	
Your Address:		Current Employer:																	
E-mail:																			
Specialty:		Grade/Level: (please delete as appropriate) <table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td>FTSTA</td> <td>ST4</td> </tr> <tr> <td>CT1</td> <td>ST5</td> </tr> <tr> <td>CT2</td> <td>ST6</td> </tr> <tr> <td>CT3</td> <td>ST7</td> </tr> <tr> <td>ST1</td> <td>ST8</td> </tr> <tr> <td>ST2</td> <td>SpR</td> </tr> <tr> <td>ST3</td> <td></td> </tr> </table>		FTSTA	ST4	CT1	ST5	CT2	ST6	CT3	ST7	ST1	ST8	ST2	SpR	ST3		Tel No:	
FTSTA	ST4																		
CT1	ST5																		
CT2	ST6																		
CT3	ST7																		
ST1	ST8																		
ST2	SpR																		
ST3																			
Main Hospital: Post at time of SL if different from above:		Department:		GMC No:															
<b>Leave requested for:</b> Professional Development <input type="checkbox"/> Exam Leave <input type="checkbox"/> Exam Preparation <input type="checkbox"/> Other <input type="checkbox"/>																			
<b>Dates (inclusive of travel)</b> From: _____ To: _____ No of days: _____																			
<b>Title of Course/Conference/Study Day:</b> _____																			
<b>Location:</b>		_____																	
<b>Exam details:</b>		<b>Date of Exam:</b>		_____															
<b>Number of previous attempts at this exam:</b>		<b>Dates taken:</b>		_____															
<b>The following colleagues have agreed to cover my duties:</b> Name (print): _____ Signed: _____ Name (print): _____ Signed: _____																			
<b>EXPENSES</b>	Course Fee	Residential Costs No of Nights .....	Travel Road <input type="checkbox"/> Rail <input type="checkbox"/>	Subsistence	Other (Please specify)														
Estimated:	£	£	£	£	£														
Approved:	£	£	£	£	£														
Signed (Applicant): _____																			
Date: _____																			

**FORM SL-A: PAGE 2 (continued)**

**PART B – APPROVAL OF ROTA CO-ORDINATOR**

Signed (rota co-ordinator):

Date:

**PART C – APPROVAL OF EDUCATIONAL SUPERVISOR /CLINICAL SUPERVISOR**

**\* Approved / Not Approved**

*\*delete as appropriate*

I CERTIFY THAT:

YES      NO

1 This study/course activity is appropriate to the applicant's present training requirements

2 The applicant has made every effort to prepare him/herself for this course

3 The applicant can be released from his/her service commitment for this period

Name (print):

Signed:

Dated:

**PART D – APPROVAL BY SPECIALTY STUDY LEAVE ADVISOR (SSLA)**

**Note: SSLA NAMES AND DETAILS ARE AS PER THE CURRICULUM DELIVERY GUIDANCE. THE LOCAL DIRECTOR OF PGME IS THE SSLA FOR FOLLOWING SPECIALTIES: CORE MEDICAL TRAINING, ACCS, PAEDIATRICS AND PSYCHIATRY**

**\* Approved / Not Approved**

*\*delete as appropriate*

Name (print):

Signed:

Dated:

If leave is not approved, please state reasons below (to be completed by the SSLA):

**THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH “CURRICULUM DELIVERY GUIDANCE FOR TRAINEES IN: YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY AND SENT TO THE APPROPRIATE LEAD MEDICAL EDUCATION CENTRE**