**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”

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| **PART A – STUDY LEAVE DETAILS** |
| Surname: | Forenames: |
| Your Address:E-mail: | Current Employer: |
| Specialty: | FTSTA ST4CT1 ST5Grade/Level: CT2 ST6 (please delete as CT3 ST7 appropriate) ST1 ST8ST2 SpR ST3 | Tel No: |
| **Base Hospital at time of SL:**(mandatory field) |  | GMC No: |
| **Leave requested for:**Professional Development Exam Leave Exam Preparation Other |
| **Dates (inclusive of travel)**From: To: No of days: |
| **Title of Course/Conference/Study Day:** |
| **Location:** |  |
| **Exam details:** |  | **Date of Exam:** |  |
| **Number of previous attempts at this exam:** |  | **Dates taken:** |  |
| **The following colleagues have agreed to cover my duties:**Name (print): Signed:Name (print) Signed: |
| **EXPENSES** | Course Fee | Residential CostsNo of Nights ……… | TravelRoad  Rail  | 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:

**I confirm that all fields of this application form have been completed accurately and that I have entered**

**these dates on erostering\***

**Applicant’s signature …………………………………………………………..**

\*Forms that do not comply with the above will not be authorised and will be placed in applicant’s pigeon hole until completed and resubmitted

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