

STUDY LEAVE APPLICATION FORM FOR **JUNIOR DOCTORS**

GUIDANCE AND APPLICATION PROCESS

PROCESS

1. Ensure all statutory and mandatory training requirements have been met as per Trust policy.
2. Complete study leave application form, obtaining approval from Rota Co-ordinator and Educational Supervisor or Clinical Supervisor (at least six weeks prior to leave).
3. Make payment (if applicable).
4. Submit the following to PGM.OP@gosh.nhs.uk within six weeks of leave being taken:
 - Approved Study Leave Application Form
 - Study Leave Reimbursement Form
 - Receipts
5. The PGME Team will process the application and provide confirmation within five working days.

All paperwork must be received by the last day of the month in order to be reimbursed in the following month's salary.

GUIDANCE

Study leave is part of an individual training plan designed to meet educational and career needs appropriate to the stage of training.

Study leave is not automatically granted. Authorisation is needed in advance for time off and financial support. A formal study leave application has to be submitted each time study leave is taken. This could be for compulsory courses needed to fulfil curriculum requirements, conferences, research activity or sitting examinations.

FINANCIAL SUPPORT

Funding for Junior Doctors:

- HEE Trainees – as per HEE Guidelines (<https://lasepgmdesupport.hee.nhs.uk/support/home?studyleave>)
- Trust Appointed Doctors (Fellows) - £500 per annum (pro rata)

Study leave allowance (days)

- HEE Trainees - A maximum of thirty days per annum (in accordance with training needs) split proportionately between rotations if applicable
- Trust Appointed Doctors (Fellows) - A maximum of fifteen days per annum (pro rata-in accordance with training needs) split proportionately between rotations if applicable
- Tasters and private study leave prior to examinations may be granted at the discretion of your department, up to a maximum of five days (this is inclusive of your allowance)

Study leave entitlement (days and reimbursement allowance) will not be approved if it falls outside the current rotation or post. Entitlements are calculated for a maximum rotation period of 12 months and periods greater than this will be treated as if a separate rotation. E.g. 18 months would be treated as two entitlement periods: one of 12 months and one of 6 months.

Please note:

- Study leave funding will only be reimbursed within the current financial year (April - March)
- Study leave funding cannot be used to cover membership, examination fees or learning materials
- Financial support is calculated, pro rata based on length of appointment and cannot be carried over
- Study leave allowance (days) is calculated pro rata for less than full time trainees

STUDY LEAVE APPLICATION FORM FOR **JUNIOR DOCTORS**

PERSONAL DETAILS

Forename:			
Surname:			
Specialty:			
Role:			
Programme name (HEE Only):			
Placement Start Date:		End Date:	
Payroll Number:		GMC Number:	
Preferred Email:			
Phone Number:		Bleep Number:	

Study Leave correspondence will be sent electronically to your Trust email account

TYPE OF LEAVE

Title/Purpose:			
Dates of Leave Required: From:		To:	
Venue/Location:			
Organiser:			
Course/Aspirational Code (HEE Trainee only):			

For further information, please see the terms and conditions on the Study Leave Policy.

Course/Conference Fees:			
Travel (Outside London Only):			
Accommodation:			
Subsistence:			

If this study leave clashes with your rota commitments it is your responsibility to find swaps. Do not expect the Rota Co-ordinator to do this for you.

**FOR COMPLETION BY YOUR SUPERVISING CONSULTANT AND ROTA CO-ORDINATOR.
FAILURE TO SIGN OFF THIS FORM WILL PREVENT YOUR CLAIM BEING PROCESSED.**

It is the responsibility of the Rota Co-ordinator and Educational Supervisor to ensure that appropriate levels of staffing are maintained on the unit. Therefore, account **MUST** be taken of other persons on leave in conjunction with this study leave request.

ESTIMATED FINANCIAL REQUIREMENTS

- ☐ I support this application as being of benefit to the Trust and to the individual
- ☐ I support this application as being of benefit to the individual only
- ☐ I do not support this application

Rota Co-ordinator:

Signature:

Date:

Educational Supervisor:

Signature:

Date:

PLEASE INCLUDE COMPLETED STUDY LEAVE REIMBURSEMENT FORM AND RECEIPTS BEFORE SUBMISSION TO SECURE PAYMENT

Study Leave will be approved once you have completed
ALL STATUTORY AND MANDATORY TRAINING.

I am signing to confirm that my mandatory training requirements have been completed.

Signature:

Full Name:

APPLICATION

SIGNATURES

STUDY LEAVE REIMBURSEMENT FORM FOR JUNIOR DOCTORS

PERSONAL DETAILS

Forename:

Surname:

Payroll Number:

Course/Conference:

Dates of Leave Required: From: **To:**

DETAILS OF EXPENDITURE

(Reimbursement will
not be made without
original receipts)

Course fees:

Travel:

- Fares (please specify):
- Car mileage (Miles):
- (Miles x 0.28p per mile)

Accommodation:

Subsistence:

Total:

I certify that I incurred the above expenses in connection with this study leave
and authorise payment of approved expenses as set out below.

Signature: **Date:**

Payment for Study Leave Expenses are paid via payroll

FOR PGME USE ONLY

Date Received: **Received by:**

Amount Claimed: **Authorised Signatory Name:**

Approved Payment: **Authorising Signature:**

Budget Code: **Date Submitted to Finance:**

Notes to Finance:

Please return completed Study Leave Pack with original receipts to:

✉ | PGM.OP@gosh.nhs.uk