**Study Leave Template Form – Deanery Trainees**

Please use this as a guide to **complete the study leave form for your local deanery**

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| --- | --- | --- | --- | --- | --- |
| **Personal Details (please use GMC/GDC registered names)** | | | | | |
| First Name: | | Surname: | | | |
| Training programme: Neurosurgery | | Department: | | | |
| Grade and year of training: | | GMC number: | | | |
| Email address: | | Assignment Number (see payslip): | | | |
| **Leave request type (please select one option only)** | | | | | |
| Curriculum mandated | | | |  | No |
| Curriculum optional | | | |  | Yes |
| If mandated or optional, please provide HEE code and event title as per HEE study leave speciality list:  Exam preparation course relevant to level of training  SURG0001 (for London trainees only, please see your local deanery codes) | | | | | |
| Aspirational | | | |  | No |
| Private study leave/exam/taster | | | |  | No |
|  | | | | | |
| Will this be the first time you have attended this event/course (or similar)?  If ‘no’, Training Programme Director and Head of School approval required | | | | Yes |  |
| **Description of leave** | | | | | |
| Queen Square Neurosurgery Review Course | | | | | |
| **Leave** | | | | | |
| Start date: | | End Date: | | | |
| Number of study leave days requested: 4 weekdays, 1 weekend | | Location: National Hospital for Neurology and Neurosurgery, London | | | |
| If outside London and South East area, please justify: / | | | | | |
| **Funding** | | | | | |
| Fees | Accommodation:  [fill] | | Travel:  [fill] | | |
| **Authorisation – all signatures must be handwritten or electronic (not typed)** | | | | | |
| **Educational Supervisor**  Name:  Signature:  Date: | | **Leave Co-ordinator**  Name:  Signature:  Date: | | | |
| **Applicant**  Name:  Signature:  Date: | | | | | |