**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 trainingSURG0001 (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:  |