

BIRMINGHAM AND MIDLAND EYE CENTRE

(Sandwell and West Birmingham Hospitals NHS Trust)

APPLICATION FOR ANNUAL LEAVE

(Foundation doctors, OST Trainees, FTSTAs, SHOs, SpRs, Fellows and Clinical Assistants)

Minimum notice required: 8 weeks

PART A: Name: _____ Position: _____

Hospital: _____

Dates of leave requested (inclusive): ----/----/---- to ----/----/---- ----/----/---- to ----/----/----

PART B: Please complete the table below for each session of your absence and obtain ALL relevant signatures:

| Date of absence | | AM/PM | Your commitment for this session | Consultant for this session | Authorisation signature from Consultant | Date of Consultant authorisation |
|-----------------|----------|-------|----------------------------------|-----------------------------|---|----------------------------------|
| Day | Date (s) | | | | | |
| | | AM | | | | |
| | | PM | | | | |
| | | AM | | | | |
| | | PM | | | | |
| | | AM | | | | |
| | | PM | | | | |
| | | AM | | | | |
| | | PM | | | | |
| | | AM | | | | |
| | | PM | | | | |
| | | AM | | | | |
| | | PM | | | | |
| | | AM | | | | |
| | | PM | | | | |

On-call dates: ----/----/---- Name & Signature of doctor covering: _____

----/----/---- to / and ----/----/---- Name & Signature of doctor covering: _____

----/----/---- to / and ----/----/---- Name & Signature of doctor covering: _____

Administrative Senior Registrar or Manager: Adequate rota cover can be provided

Signature: _____

Date: _____

PART C: (To be completed by Administration at the Eye Centre)

1. Information recorded for Finance Dept Date: _____

2. DHMEC Office & WMRHA Personnel Dept notified Date: _____

PART D: (To be detached and returned to applicant by medical staffing officer)

Your application for annual leave for _____ has been approved.

Number of leaves remaining in current annual leave year _____ Signature: _____