

**POSTGRADUATE SCHOOL OF OPHTHALMOLOGY**

(West Midlands Deanery Workforce)

**STUDY LEAVE APPLICATION FORM FOR TRAINEES IN OPHTHALMOLOGY**

(Ophthalmology Specialty Trainees (OST1-7), FTSTAs, LATs, SpRs)

1. **Completed forms** should be submitted to **Mrs Bhajan Kaur, Birmingham & Midland Eye Centre** for approval by the Academic Tutors.
2. **All sections** of this form must be completed and submitted **at least eight weeks** in advance of the course or approval will not be given.
3. **For courses, conferences, meetings etc**, the programme must be attached or study leave will not be processed
4. **No retrospective study leave will be granted**
5. It is **YOUR** responsibility to inform Medical Staffing at the relevant Trust of your leave and ensure adequate clinical cover is arranged.

**PERSONAL DETAILS (Block Capitals)**

GMC Registration Number \_\_\_\_\_

Name: \_\_\_\_\_ Hospital / Unit \_\_\_\_\_

Grade and Year of Training : \_\_\_\_\_

Place of Work when study leave will be taken (include all Hospitals/Trusts): \_\_\_\_\_

Start date of rotation: "" \_\_\_\_\_

Finish date of rotation: ' \_\_\_\_\_

**DETAILS OF STUDY LEAVE: O**

Title: \_\_\_\_\_

Venue: \_\_\_\_\_ Dates of absence (inclusive): "" \_\_\_\_\_ to "" \_\_\_\_\_

**To be completed by the Applicant:**

**To be completed by Head of School or nominated deputy (Miss Rauz/ Prof Murray):**

**FUNDS REQUESTED**

**FUNDS APPROVED**

Type	Cost
Course fees (non-resident)	.....
Course fees (resident)	.....
Travelling expenses	.....
Accommodation/ Subsistence	.....

Amount	Cost Code
.....	.....
.....	.....
.....	.....
.....	.....

*I understand that any financial undertaking by me does not commit the School of Ophthalmology, until full approval has been granted. There is no inferred authorisation until a copy of this document duly agreed and signed is returned. **NB Receipts must be provided for all money claimed.***

**Please provide details (including number of days / total cost and number of exam attempts) of Study Leave since April 1<sup>st</sup> last:**

Number of days taken so far: \_\_\_\_\_ Total cost: \_\_\_\_\_ Number of exam attempts: \_\_\_\_\_

**Cover Arrangements**

On-call dates during period away: .....

*I confirm that there is adequate clinical support to cover on-call and/or clinical duties during this leave of absence.*

Name (Print): \_\_\_\_\_ Signed \_\_\_\_\_ Date "" "" ""

(Approval from Local Rota Coordinator)

**Signed (Claimant)** \_\_\_\_\_

**Date:** \_\_\_\_\_

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				
		AM				
		PM				

\* A&E consultant to authorise for casualty sessions. Clinical or Educational Supervisors authorise research, study, audit and admin (RSTA) sessions.

#### Approval by Educational Supervisor

*I confirm this study leave request is in keeping with this Trainee's personal development plan*

Name (Print): \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Educational Supervisor/Local Tutor)

#### Approval by: Head of the Postgraduate School of Ophthalmology Board/ Named Deputy at the Birmingham & Midland Eye Centre

*I approve the study leave and payment of the expenses outlined above*  *I approve study leave without payment of expenses*

*This leave request is for Mandatory Training which is independent of study leave, and days should not be deducted from allowed days*

Name: **Miss S Raaz / Prof PI Murray** Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Academic Tutor, Postgraduate School of Ophthalmology)

#### BRIEF GUIDELINES FOR ALL SPECIALTY TRAINEES REQUESTING STUDY LEAVE

- 1) Please consult the current Deanery information regarding the maximum annual budget/trainee. Currently £600 for 2010
- 2) **Claims cannot be made for exam fees.**
- 3) Contributions towards overseas course fees and expenses are in the order of:-
 

a. Paris, near Europe	£150
b. Mid Europe, Italy, Etc	£300
c. India, all the Americas & Canada	£450
d. Australia, New Zealand	£500
- 4) Trainees who are dissatisfied with any decision re their Study Leave request, or who wish to make a special case for fees in excess of the maximum annual budget may appeal to the Regional Study Leave Committee (Chairman - Professor D Wall, Deputy Regional Postgraduate Dean).
- 5) Funding must be applied for **at least 8 weeks** prior to Study Leave being taken. **NO RETROSPECTIVE STUDY LEAVE WILL BE GRANTED.**
- 6) **Discretionary Study Leave Allowances:**  
Specialists Trainees are entitled to leave with pay and expenses where appropriate, for a **maximum** of 30 days per annum, 15 days of which are used for the compulsory half day per week training programme, leaving 15 days per year for "external " study leave.
- 7) For payment, copies of the approved form with completed expenses form (if applicable) and receipts, **together with a copy of the abstract presented, poster or précis of what was learnt** to Bhajan Kaur for Academic Tutors to audit study leave attendance. This information may be used for ARCPs. **Expenses will not be Approved without evidence of the abstract presented, poster or précis of what was learnt.**
- 8) For other information regarding the study leave approval process, please see the study leave process form.