

**POSTGRADUATE SCHOOL OF OPHTHALMOLOGY**

(West Midlands Deanery Workforce)

**STUDY LEAVE FEEDBACK FOR TRAINEES IN OPHTHALMOLOGY**

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

**Notes:**

1. *It is a mandatory requirement to provide feedback on study leave.*
2. *Expenses will not be approved without evidence of the abstract presented, poster or précis of what was learnt.*
3. *For study leave where expenses are not claimed, and a précis of the study leave learning outcomes has not been submitted, will jeopardise further approval of study leave.*
4. *Please return this form to Bhajan Kaur if applicable with expenses forms, within 28 days of the completion of your study leave*

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**PERSONAL DETAILS (Block Capitals)**

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

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

E-mail : \_\_\_\_\_ Mobile: \_\_\_\_\_

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**DETAILS OF STUDY LEAVE:**

Type of leave:

Title:

Venue: \_\_\_\_\_

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

**Feedback:**

Presentation: Poster ..... Oral Presentation ..... None ..... Other

Abstract h ..... details (include title, authors, affiliation)

Learning Outcomes