

**YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY – FORM SL-A**

**APPLICATION FORM FOR CURRICULUM/EXAMINATION LEAVE  
FOR ALL TRAINEES WITHIN YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY**

THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH CURRICULUM DELIVERY GUIDANCE FOR TRAINEES IN: NORTH & EAST YORKSHIRE AND NORTHERN LINCOLNSHIRE LOCALITY AND WEST YORKSHIRE LOCALITY”

<b>PART A – STUDY LEAVE DETAILS</b>					
Surname:		Forenames:			
Your Address:		Current Employer:			
E-mail:					
Specialty:		Grade/Level:		Tel No:	
Main Hospital: Post at time of SL if different from above:		Department:		GMC No:	
<b>Leave requested for:</b>					
Professional Development <input type="checkbox"/>		Exam Leave <input type="checkbox"/>		Exam Preparation <input type="checkbox"/>	
				Other <input type="checkbox"/>	
<b>Dates (inclusive of travel)</b>					
From:		To:		No of days:	
<b>Title of Course/Conference/Study Day:</b>					
<b>Location:</b>					
<b>Exam details:</b>		<b>Date of Exam:</b>			
<b>Number of previous attempts at this exam:</b>		<b>Dates taken:</b>			
<b>The following colleagues have agreed to cover my duties:</b>					
Name (print):			Signed:		
Name (print):			Signed:		
<b>EXPENSES</b>	Course Fee	Residential Costs No of Nights .....	Travel Road <input type="checkbox"/> Rail <input type="checkbox"/>	Subsistence	Other (Please specify)
Estimated:	£	£	£	£	£
Approved:	£	£	£	£	£
Signed (Applicant):					
Date:					

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**PART B – APPROVAL OF ROTA CO-ORDINATOR**

Signed (rota co-ordinator):

Date:

**PART C – APPROVAL OF EDUCATIONAL SUPERVISOR /CLINICAL SUPERVISOR**

**\* Approved / Not Approved**

*\*delete as appropriate*

I CERTIFY THAT:

YES      NO

1 This study/course activity is appropriate to the applicant's present training requirements

2 The applicant has made every effort to prepare him/herself for this course

3 The applicant can be released from his/her service commitment for this period

Name (print):

Signed:

Dated:

**PART D – APPROVAL BY SPECIALTY STUDY LEAVE ADVISOR (SSLA)**

**Note: SSLA NAMES AND DETAILS ARE AS PER THE CURRICULUM DELIVERY GUIDANCE. THE LOCAL DIRECTOR OF PGME IS THE SSLA FOR FOLLOWING SPECIALTIES: CORE MEDICAL TRAINING, ACCS, PAEDIATRICS AND PSYCHIATRY**

**\* Approved / Not Approved**

*\*delete as appropriate*

Name (print):

Signed:

Dated:

If leave is not approved, please state reasons below (to be completed by the SSLA):

**THIS APPLICATION FORM SHOULD BE COMPLETED IN LINE WITH “CURRICULUM DELIVERY GUIDANCE FOR TRAINEES IN: YORKSHIRE AND THE HUMBER POSTGRADUATE DEANERY AND SENT TO THE APPROPRIATE LEAD MEDICAL EDUCATION CENTRE**