

APPLICATION FOR STUDY / EXAM LEAVE & ASSOCIATED EXPENSES

GPSTR's Name:		NTN Number:	
GP Trainer / Educational Supervisor:		Practice / Specialty:	

Application for: Study Leave Expenses Exam Leave

Title of course / exam:			
Venue:			
Cost of course:	£	Travel expenses:	£
		Subsistence	£

Leave commences:	Date:		Time:		<i>am/pm</i>	<i>No of days leave this represents:</i>
Leave finishes:	Date:		Time:		<i>am/pm</i>	

Signature of applicant:		Date:	
Signature of GP Trainer / Clinical Supervisor		Date:	
Signature of Rota Co-ordinator <small>(applies to hospital posts only)</small>		Date:	

You will need to submit evidence of your attendance at the above course / exam along with any receipts for travel expenses to the GP Training Office in order to receive reimbursement from the Deanery.

GP TRAINING OFFICE USE ONLY

Course:

Approved **with** funding Approved **without** funding **Not approved**

Expenses:

Approved **Not approved**

Number of study leave days remaining after above deduction:

Amount of study leave funding remaining after above deduction: ...£.....

Signature of GP Training Programme Director:		Date:	
Signature of GP Training Manager:		Date:	