Study Leave Application				
All requests for all types of leave – including study leave - must be made via MAPS Health Roster, accessible from the front page of Connect.				
Se fro st	In addition, for Study Leave requests, this form <u>must</u> also be completed and sent to the Study Leave Secretariat (Box 111) prior to leave being taken. If you have not received written confirmation of approval from the PGME office please contact ext 217105 <u>jh2077@medschl.cam.ac.uk</u> before leave is taken. The study leave year runs from 1 st April to 31 st March. Claims should be submitted within one month of the period of leave and must be accompanied by appropriate receipts and a certificate of attendance.			
			roposed Study Leave SE BLOCK CAPTTALS)	
NAME:			SPECIALTY & BOX NO:	
Email Address:			Twitter Name: @	
Date of Proposed Study leave: From:			To:	
1 C			vide the Committee with a copy of the Course or Meeting tion form.	
	Title of Course/Scientific Meeting:			
	Give details if you are an active participant:			
	Number of Conti	nuing Professional Develop	ment or Continuing Medical Education Points:	
	Registration Fee	:		
Does this fee include payment for meals or events other than the scientific sessions? YES / NO				
	Travel: From		To	
	By Rail: For m	eetings in the UK (excluding I	reland) you will normally receive the second class rail fare.	
		Ple	ease state amount:	
•			ected to purchase an economy, apex type of ticket. vhen making your application:	
•	Subsistence:	No. of nights	Cost per night	
•	Type of accommodation (e.g. University Hall of Residence or Hotel)			
	Overnight subsistence will not be given for meetings in London or within reasonable daily commuting distance from Cambridge. If hotel accommodation is necessary a standard contribution will be made. The Committee cannot fund accommodation in expensive hotels.			
	Mandatory Train Have you complet	ing ed your mandatory training , p	lease tick if yes	
2.	PRIVATE STUDY			
	Purpose:			

Signature of Applicant