

**FOR FOUNDATION YEAR 1 DOCTORS (FY1)**

 Applications should be made **BEFORE** the leave is required, preferably at least 6 weeks in advance.

* **Retrospective Applications Will Not Be Accepted**
* The study leave must be approved by your Educational Supervisor
* All requests for leave will be considered by the Medical Staff Study Leave Committee in keeping with the terms and conditions of service.
* Study leave can be used for taster sessions. A taster is a period of time, usually two to five days, spent in a specialty in which you have not worked. Its purpose is to enable the development of insight into the work of the specialty and promote careers reflection.
* **FY1 Study leave is granted for:**
* ALS courses
* Simulation courses
* Tasters
* Generic Training (Foundation specific courses)
* ½ day for completion of SCRIPT modules.

**Foundation Year 1 doctors are allocated 15 days study leave per annum (maximum 5 per placement/rotation). The15 days study leave is to be taken as the training days as agreed locally, There is no individual study leave allocation (for exams, private study etc.).**

**No study leave funding is available.**

**For more information contact: Ann Bloomfield, Foundation Programme Administrator ab2340@medschl.cam.ac.uk.**

**PLEASE PRINT CLEARLY**

NAME **(BLOCK CAPITALS)**………………………………………………………………………………………… PRESENT APPOINTMENT …………………………………………………………………………………………... BLEEP NO …………………………… BOX NO …………… DEPT ……………………………………………… E-MAIL…………………………………………………………… TWITTER NAME: @.……………………………

**LEAVE REQUESTED** (Please use a separate form for each period of leave)

From …………………………………………….………. To ………………………………………………………….. Duty Cover …………………………………………………………………………………………………….…………

*Please give details of the arrangements which have been made to cover your duties whilst you are away.*

*If this is not provided the application form will be returned to you.*

**PURPOSE OF STUDY LEAVE**

 **Course or Meeting**

*Please give full details and provide a copy of the programme*

Title of Course / Meeting ………………………………………………………………………………………

Location – Town and Institution ……………………………………………………………………………… Give details if participating ……………………………………………………………………..……………...



**JUNIOR STAFF RECOMMENDATION BY EDUCATIONAL SUPERVISOR**

Do you consider that this is an appropriate course/meeting for this applicant to attend at this particular stage in his/her career? YES / NO

If this course/meeting does not take place in the East Anglian region are you convinced that it will provide instruction that is not available locally? YES / NO

*Please note the Committee will not normally approve courses held elsewhere if similar tuition is available locally.*

**Educational Supervisor** ……………………… Signature…………………………. Date ………………………..

**Consultant** …………………………………... Signature ……………………….. Date ………………………..

**SIGNATURE OF APPLICANT** ……………………………………………………… Date ………………………..

You must contact the PGMC prior to taking leave if you have not received the Committee’s written approval:

 **01223 - 217105** Internal ext: **217105** E-mail: **jh2077@medschl.cam.ac.uk**

The Trust considers it a serious breach of responsibility if you are absent from your duties unofficially.

**Please send to: Study Leave Administrator, Postgraduate Medical Centre, Box 111,**

**The Deakin Centre, Level 1, Addenbrooke’s Hospital, Hills Road, Cambridge CB2 2SP.**

Further study leave application forms can be downloaded from our website: [**www.cam-pgmc.ac.uk**](http://www.cam-pgmc.ac.uk/)