Study Leave Application Form

**Newcastle upon Tyne Hospitals NHS Foundation Trust**

Please note that signing this form constitutes your agreement to being bonded for fees, travel, accommodation, and time away. Please return completed forms to: [nuth.studyleavequeries@nhs.net](mailto:nuth.studyleavequeries@nhs.net)

|  |  |  |
| --- | --- | --- |
| **Your Details** | | |
| **Employee Number** |  | |
| **Full Name** |  | |
| **Directorate** |  | |
| **Departments** |  | |
| **Band** |  | |
| **Do you have a known date of leaving the trust? YES/NO** | |  |
| **If so what is the expected date of leaving?** | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Training Event** | | | | | | | | |
| **Title of Training Event**  **& Venue** | |  | | | | | | |
| **Training Provider Name** | |  | | | | | | |
| **Location/Virtual** | |  | | | | | | |
| **Training/Conference Delegate YES/NO?** | | | |  | | **University Application YES/NO?** | |  |
| **Date from:** |  | | **Date to:** | |  | | **Days/time away:** |  |
| **Cost of Training Event** | | **£** | | | | | | |
| **Cost of Travel** | | **£** | | | | | | |
| **Cost of Accommodation** | | **£** | | | | | | |
| **Total Costs** | | **£** | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Alternative Funding Source** | | | |
| **Sponsorship YES/NO** |  | **Cost Centre Code** |  |
| Sponsorship Body | |  | |
| Authorised Signatory Name | |  | |
|  | | | |
| **Research YES/NO** |  | **Cost Centre Code** |  |
| Authorised Signatory Name | |  | |
|  | | | |
| **Departmental YES/NO** |  | **Cost Centre Code** |  |
| Authorised Signatory Name | |  | |
|  |  |  | |
| **NMAHP CPD Fund YES/NO** |  |  | |
| **CWD Funded YES/NO** |  | Please include details below. | |

|  |  |
| --- | --- |
| **Other Funding Source** (e.g. SAS) |  |
| **Personal Contribution** | **£** |

|  |  |
| --- | --- |
| **Mandatory Training Declaration** | |
| All mandatory training must be up to date at the date study leave funding is requested or your request will be denied. By signing this section, you are confirming that all mandatory training is complete and up to date. | |
| **Line Managers Signature** |  |

|  |  |  |
| --- | --- | --- |
| **Authorisation - to be completed by Line Manager** | | **Please**  **Tick** |
| **Level 1 - Critical To Role:** 100% of costs are met through the Trust. This may be through Study Leave, directorate or research funding. Accommodation and subsistence costs are capped at £150 per night. | |  |
| **Level 2 - Significant To Role:** 50% of costs are met by the Trust and the rest by the individual. Accommodation and subsistence costs are capped at £75.00 per night. | |  |
| **Level 3 - Minimal Relevance:** The individual is granted time away from the Trust only. | |  |
| **Application Declined** | |  |
| **Additional Comments:** | | |
| **HEE NE Funded CWD:** Give Details |  | |
| **Line Manager/Clinical Director Signature** |  | |
| **Name/Designation** |  | |

**Please note:** All consultant applications must be signed by Clinical Director

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Signature** |  | **Date** |  |