

Study Leave Application Form

Newcastle upon Tyne Hospitals NHS Foundation Trust

Important: Please include all relevant information on the application form such as course fees or travel & accommodation costs. Incorrect or missing information submitted on the application will cause delays to the study leave request. Completed forms should be returned to: nuth.studyleavequeries@nhs.net

Your Details	
Employee Number	
Full Name	
Directorate	
Department	
Role	

Your Training Event					
Title of Training Event					
Training Provider Name					
Location of Training					
Date from:		Date to:		Days/time away:	
Cost of Training Event	£				
Cost of Travel including parking/tolls	£				
Cost of Accommodation including subsistence/meals	£ (number of nights required =)				
Total Costs	£				

Please complete the alternative funding section below if your study leave is partially or totally funded by an alternative source such as department, research fund, external or internal sponsor, etc.

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			
Other Funding Source (e.g. SAS)			
Alternative funding contribution:		£	
Your contribution (if any):		£	
Funding requested from study leave:		£	

Authorisation - must be completed by Line Manager		Please Tick
Level 1: Critical to role and/or service delivery. 100% funding to a maximum of £2,500 per year except expenses for accommodation/subsistence which are capped at a total of £150 per night.		
Level 2: Significant to role and/or service delivery. 50% funding to a maximum of £1,000 per year except expenses for accommodation/subsistence which are capped at a total of £75 per night.		
Level 3: Minimal relevance to role or service delivery. No Trust financial support. Time away only.		
Application Declined		
Additional/supporting comments:		
Line Manager/Clinical Director Signature		
Name (please print)		

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

Mandatory Training Declaration	
By signing this section, you are confirming that the applicants mandatory training is complete and up to date.	
Line Managers Signature	

Applicant's Signature		Date	
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