

Postgraduate School of Ophthalmology

College Tutor Approval of Study Leave

Please complete this form electronically apart from the signatures which may be wet ink

PERSONAL DETAILS: Email:				GMC Registration Number			
Name: Hospital / Unit							
					LTFT:		
	of rotation:			Finish date of rotation			
DETAILS O	F STUDY LEA	AVE: Categ	gory:	(*	attach programme) if o	onference first author: <u>yes/no</u>	
Title:							
Venue:			Dates of	absence (inclusive): _	/to	_//	
Please com	plete the table	e below for	each session of your a	bsence and obtain <u>AL</u>	L relevant clinical super	visor approvals*:	
Date of absence		Your commitment	Clinical Supervisor	Authorisation	Date of		
Day	Date (s)	AM/PM	for this session	for this session	signature from Consultant**	Consultant authorisation	
		AM			Consultant	authorisation	
		PM					
		AM					
		PM					
		AM					
		PM					
		AM					
		PM					
		AM					
		PM					
		AM					
		PM					
		AM					
* If required by ye	our Local Trust ** AS	PM	authorise for casualty sessions. C	linical or Educational Supervisors	authorise research, study, audit an	nd admin (RSTA) sessions	
						(10.11)	
ESTIMATE Tr	D COSTS:	Accomn	nodation Su	bsistence	Registration	Total	
APPROVAL	BY COLLEGE	TUTOR:					
I confirm						Yes No NA	
- this study	leave request is	in keeping w	ith this Trainee's persona	l development plan			
- this study	leave request is	in keeping w	ith curriculum requiremer	nts			
				ses have been adjusted to	reflect 'value for money'		
- that the ti	rainee has subm	itted an abstr	act or is presenting at the	e meeting or conference			
Name (Print):	(College Tut)			Signed	Date	/	
	(College Tutor)						