# 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: $\qquad$ Hospital / Unit BMEC Grade and Year of Training: OST1 FT/LTFT: Full Time

Place of Work when study leave will be taken:
BMEC
Start date of rotation: $\qquad$ 1 $\qquad$ Finish date of rotation: $\qquad$ 1

## DETAILS OF STUDY LEAVE: Category: Conference* (*attach programme) If conference first author:

Title: $\qquad$
Venue: $\qquad$ Dates of absence (inclusive): $\qquad$ 1 $\qquad$ to $\qquad$ /__

Please complete the table below for each session of your absence and obtain ALL relevant clinical supervisor approvals*:

| Date of absence |  |  | Your commitment <br> for this session | Clinical Supervisor <br> for this session | Authorisation <br> signature from <br> Consultant** | Date of <br> Consultant <br> authorisation |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Date (s) | AM/PM |  |  |  |  |
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|  |  | PM |  |  |  |  |
|  |  | AM |  |  |  |  |
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## ESTIMATED COSTS:

| Travel | Accommodation | Subsistence | Registration | Total |
| :---: | :---: | :---: | :---: | :---: |
| $£ 0.00$ | $£ 0.00$ | $£ 0.00$ | $£ 0.00$ | $\mathbf{£ 0 . 0 0}$ |

## APPROVAL BY COLLEGE TUTOR:

## I confirm

- this study leave request is in keeping with this Trainee's personal development plan
- this study leave request is in keeping with curriculum requirements
- this study leave represents 'value for money' or estimated expenses have been adjusted to reflect 'value for money'
- that the trainee has submitted an abstract or is presenting at the meeting or conference
 Name (Print): $\qquad$ Date $\qquad$

