

Histopathology Trainee Study Leave Claim Form

Once completed submit to studyleave.wm@hee.nhs.uk within **one month of the event**

Personal Details			
First Name		Surname	
Contact Number		Email Address	
Home Address & Post Code			
Trust	Select Your Trust		
GMC Number		Payroll Number	

Course Details			
Approved Courses	Select an Option		
Desirable / Other Course (Refer to course list)			
Course Provider			
Course Location			
Date From		Date To	
This course is outlined in my ePortfolio PDP?	Select an Option	Total No. Days	

Expenses			
Course/Conference Fee			
Accommodation: Study Leave Guidance 2019	Per Night	No. Nights	Total Value
Overnight Allowance – Commercial outside London (e.g. B&B/Hotel)	£120		
Overnight Allowance – Commercial within London (e.g. B&B/Hotel)	£150		
Overnight Allowance – Non-Commercial (e.g. Staying with friends)	£25		
Meals: NHS Terms and Conditions – Annex 14	Allowance	No. Meals	Total Value
24hrs	£20		
Lunch (more than five hours away from base, including the lunchtime period between 12:00 pm to 2:00pm)	£5		
Evening (more than 10hrs away from base and return after 7:00pm)	£15		
Travelling by:	Per Mile	No. Miles	Mileage Value
Car (Using 'Reserve Rate' as quoted in NHS Terms and conditions – Section 17.9, Table 7)	£0.28		
Train - Cost of Ticket(s)			
Other – Please State			
Total Value of Expenses			
All claims must be accompanied by receipts. Please read the guidance notes you obtained along with this claim form very carefully. HEE reserves the right to reimburse the cheapest option wherever relevant.			

Claimant Declaration

I declare that the expenses claimed hereunder were necessarily incurred by me in relation to the above-mentioned event and are in accordance with the conditions governing the payment of travelling expenses attached. I understand that any fees are paid gross and that I am responsible for declaring this income for tax purposes. Health Education England is under an obligation to provide this payment information to HMRC if required.

Full Name

Signature

Date

Clinical / Educational Supervisor Authorisation

I support the attendance of the course and agree that it contributes towards training.

Full Name

GMC Number

Signature

Date

For trainees who are nearing the end of their training period claims must be submitted a minimum of 2 months in advance of your completion date to ensure enough time is available to reimburse your claim.