

Study Leave Application

All requests for all types of leave – including study leave - must be made via MAPS Health Roster, accessible from the front page of Connect.

In addition, for Study Leave requests, this form must also be completed and sent to the Study Leave Secretariat (Box 111) prior to leave being taken. If you have not received written confirmation of approval from the PGME office please contact ext 3105 jh2077@medschl.cam.ac.uk before leave is taken. Note that all requests for study leave must also be made on MAPS.

Details of Proposed Study Leave

(PLEASE USE BLOCK CAPTTALS)

NAME: _____ **SPECIALTY & BOX NO:** _____
Email Address: _____ **Twitter Name: @** _____
Date of Proposed Study leave: From: _____ **To:** _____

1 COURSE OR SCIENTIFIC MEETING

You are requested to give full details and to provide the Committee with a copy of the Course or Meeting Brochure. Please enclose this with your application form.

- **Title of Course/Scientific Meeting:** _____
- **Give details if you are an active participant:** _____
- **Number of Continuing Professional Development or Continuing Medical Education Points:** _____
- **Registration Fee:** _____
- **Does this fee include payment for meals or events other than the scientific sessions? YES / NO**
- **Travel:** From _____ To _____
- **By Rail:** For meetings in the UK (excluding Ireland) you will normally receive the second class rail fare.
 Please state amount: _____
- **Air travel to meetings abroad you will be expected to purchase an economy, apex type of ticket. Please provide details of the expected cost when making your application:** _____
- **Subsistence:** No. of nights _____ Cost per night _____
- **Type of accommodation** (e.g. University Hall of Residence or Hotel) _____

Overnight subsistence will not be given for meetings in London or within reasonable daily commuting distance from Cambridge. If hotel accommodation is necessary a standard contribution will be made. The Committee cannot fund accommodation in expensive hotels.

Mandatory Training
 Have you completed your mandatory training , please tick if yes

2. PRIVATE STUDY

Purpose: _____

Signature of Applicant _____