

APPLICATION FOR LEAVE



Date:/...../.....
GP Registrar Name: _____
Address: _____
Suburb: _____ Postcode: _____
Telephone: _____ Fax: _____
Email: _____
Current training placement: _____

Type of leave	First day of leave	Last day of leave	Weeks of leave taken
Leave of absence/...../...../...../.....	_____
Parental leave/...../...../...../.....	_____
Extended sick leave/...../...../...../.....	_____
Other (please specify)/...../...../...../.....	_____

Please describe the reasons for this leave application:

I confirm my ongoing commitment to continue my training in the Australian General Practice Training Program following the conclusion of this leave period. I recognise that no extension of this leave period will be approved without prior discussion with my Training Advisor.

Signature: _____

OFFICE USE ONLY	
Leave is approved <input type="checkbox"/>	Training Advisor Name: _____
Leave is not approved <input type="checkbox"/>	Date: _____
Leave entered into PIVOTAL <input type="checkbox"/>	Signature: _____

