**APPLICATION FOR STUDY LEAVE**

**(for staff on Agenda for Change Terms & Conditions)**

This form is to be completed by staff who wish to attend a study day

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| **SECTION ONE – TO BE COMPLETED BY APPLICANT – PLEASE PRINT CLEARLY** |
| Full Name: | Employee Number: |
| Position: | Ward/ Dept: |
| Hospital Site/ Location: | Contact Tel No: |
| **SECTION TWO – STUDY LEAVE DETAILS** |
| Course/ Event Title: |
| Organising Body i.e. University/ Institute/ College: |
| Date of Study Leave: | No of Days: |
| Please confirm you have had your Personal Appraisal Development Review (PADR) Meeting and this study leave request is part of your Personal Development Plan (PDP)? |
| Yes: | No: |
| Please confirm you have undertaken all of your Mandatory Training requirements? |
| Yes: | No: |
| **SECTION THREE – STUDY LEAVE FUNDING** |
| **To be completed by Applicant** | **Authorisation to be completed by Budget Holder** |
|  | **Estimated £ Expenses** | **Expenses to be claimed** | **% Expenses Approved** | **Cost Centre** | **Authorisation & Signature of Budget Holder** | **Comments** Note: where funding is provided by a third party e.g. commercial sponsor, record here & ensure [Gifts, Hospitality and Sponso-rship Form](http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF_AND_VALE_INTRANET/CORPORATE/CORPORATE%20MANAGEMENT/RISK_MANAGEMENT_COMPLIANCE/STANDARDS/EXCEL%20TEMPLATE.XLS) is completed & authorised. |
| Course/ Event Fee |  |  |  |  |  |  |
| Accommodation |  |  |  |  |  |  |
| Travel & Subs |  |  |  |  |  |  |
| Text Books\* |  |  |  |  |  |  |
| Examination Fees\* |  |  |  |  |  |  |
| Meals |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

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| **SECTION FOUR - IF YOU REQUIRE SALARY DEDUCTIONS *(PLEASE COMPLETE, PRINTING CLEARLY)*** |
| Where Cardiff and Vale UHB will pay 100% of the fees direct to the College/University; the applicant %age is to recovered via their salary; |
| Employee Number: |   |
| Contribution Agreed (%age and Total Amount) – to be repaid by the student |   |
| Amount Per Month: |   | Deduction Commencement Date: |   |
| Number of Months to be Deducted: |   |
| (Deductions up to the maximum period of the current academic years' courses) |
| **Applicants Signature: Date: Manager’s Signature: Date:** |

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| **SECTION FIVE - AUTHORISATION** |
| **To be completed by Applicant:** I agree to share my learning experience with colleagues and discuss and evaluate the outcome of the learning with my manager |
| **Applicants Signature:** | **Date** |
| **To be completed by Manager/ Head of Department:** I do/ do not support this application (delete as appropriate) |
| **Comments:** |
| **Manager/ Head of Dept Signature:** | **Date:** |
| **To be completed by Senior Manager/ Budget Holder:** I do/ do not support this application (delete as appropriate) |
| **Comments:** |
| **Manager/ Head of Dept Signature:** | **Date:** |