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Application For Study Leave

HAVE YOU COMPLETED TRAINING TRACKER? Yes No
 (COMPLETION OF TRAINING TRACKER IS A REQUIREMENT OF YOUR EMPLOYING TRUST)

All Applications must be received at least 4 weeks before required period of study leave

Application Helpline : 028 90400008

Email : study.leave@nimdta.gov.uk

PLEASE DO NOT SEND RECEIPTS WITH YOUR STUDY LEAVE APPLICATION FORM. ATTACH ALL RECEIPTS TO A NIMDTA EXPENSE FORM AND SEND TO THE FINANCE DEPARTMENT WHEN STUDY LEAVE IS APPROVED

To be completed by all applicants. (PLEASE PRINT)

Surname:	
First Name:	
Address Line 1:	
Address Line 2:	
Address Line 3:	
Email:	

Details of Study Leave Requested

(N.B) A course programme/brochure must accompany this application where applicable.

If request for private study leave please tick

Course/Examination Name:	
Start Date: / /	End Date: / /
Location:	Study Leave Days:

Estimated Costs	Complete this section	Alternative Funding
Course Fees	£	Source:
Subsistence Expenses	£	
Travel Expenses (inc mileage @ 24p/mile)	£	Amount: £

Signed (Applicant):

Date:

Clinical Director / Trainer / College Tutor / Hospital Dentistry Adviser / Consultant Supervisor / Sub Specialty Adviser / Clinical Supervisor (PLEASE CIRCLE**)**

Signed: _____	Date: _____
Print Name (in CAPS) _____	_____
Location: _____	Email: _____

Foundation Programme Director (F2's only)

Signed: _____ **Date:** _____