

Application For Study Leave

Application Reference

All applications must be received at least 4 weeks before required period of study leave. Please contact us if you require further information.

Application Helpline : 028 90400008

E-mail : study.leave@nimdta.gov.uk

To be completed by all applicants. (PLEASE PRINT)

Surname	<input style="width: 95%;" type="text"/>	Please amend these details if incorrect.
First Name	<input style="width: 95%;" type="text"/>	
Address Line 1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address Line 2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address Line 3	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
E-Mail:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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	£ <input style="width: 100px;" type="text"/>	Source : Amount :£ <input style="width: 100px;" type="text"/>
Subsistence Expenses	£ <input style="width: 100px;" type="text"/>	
Travel Expenses (inc mileage @ 23p/mile)	£ <input style="width: 100px;" type="text"/>	

Signed (Applicant) _____ **Date:** _____

Signed _____ **Date:** _____

Clinical Director/Trainer/College Tutor/Hospital Dentistry Adviser/Consultant Supervisor/Sub Specialty Adviser/ Clinical Supervisor

Signed _____ **Date:** _____

Foundation Programme Director (F2's only)

Allocated : £	Signed	Date:
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Comments:

Completed forms must be returned to N.I.M.D.T.A., Beechill House, 42 Beechill Road Belfast, BT8 7RS