

DIVISION OF CLINICAL SUPPORT SERVICES

APPLICATION FOR STUDY LEAVE
Physiotherapy Service

For training not requiring funding or travelling expenses

Name _____

Post _____

Assignment Number _____

Title of Training / Course _____

Organising Body _____

Date (s) _____

Time _____

Venue inc. Town _____

Are you receiving any sponsorship or financial assistance to attend this event?
If YES, it is your responsibility to complete the Register of Interests.
Whenever an individual wishes to attend an education conference or other event to be financed purely from commercial funds s/he must seek approval from his/her line -manager.

Register entry completed

Signature _____ Date _____

Signature of Applicant _____ **Date** _____

Signature of Line Manager _____ **Date** _____

This course is a relevant and appropriate course for the applicant to attend YES NO

TRAINING APPROVED AND STUDY LEAVE GRANTED

Signature of Co Director _____ **Date** _____

Not approved – Reason

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(Office Use Only – Copy of this form to be returned to Applicant once signed by Co Director)

Tick when entered onto Physio Training Database Copied to staff

Tick when course completed and entered onto ESR