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**Welsh Clinical Academic Training (WCAT) Fellowship**

**Study Leave Application Form**

1. This form is for use by WCAT trainees only
2. Applications must be submitted at least **6 weeks** before the start date of the leave.
3. Retrospective applications will not be accepted.
4. On completion please return this to: heiw.wcat@wales.nhs.uk

Name………………………….…………………. E-mail address……………………………………………

Mobile phone No……………..………….……… GMC Number…………………………………….…..…..

University/Hospital of current post…………………………………...........................................................

Date commenced post………………………….. Duration of post ………………….………………………

**Details and Location of course / examination**……………………….………..………………………….

**Dates of course / examination**…………………………………………………………………………….…

**Number of study days requested (inclusive of travel time)**... ……………………….…………………

**Expected expenses to be claimed:**

|  |  |
| --- | --- |
|  | £ |
| Course fee |  |
| Accommodation (*number of nights involved*)  |  |
| If fee includes accommodation element please state amount |  |
| Travelling expenses (please specify mode of transport): |  |
|  |  |
| Other expenses (please specify) |  |

This application is submitted on the understanding that re-imbursement will only be made within the limits set out in the WCAT study leave policy. ***I the undersigned have read and fully understand the conditions set out above.***

|  |  |  |
| --- | --- | --- |
| Signature of WCAT Trainee  |  | Date: |
| Signature of Clinical Director/Educational Supervisor |  | Date: |

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**Administration Only**

Study Leave allowed: Yes / No Amount of funding allowed: £……………

WCAT Authorisation Signature…………………..…….... Date………………………………..……....

Study leave budget database updated: Yes/ No Date………………………………..……....