



NHS 24 **STUDY LEAVE APPLICATION FORM**

Guidance Notes for completing form

Please note that all requests for attendance at external training events (short courses, conferences, etc) must be made on this form.

Sections A & B should be completed by the individual making the request and the form then forwarded to the Learning and Development department. Learning and Development will then forward the form to the individual's line manager for authorisation. Line managers should complete section c and send the completed form back to the Learning and Development department.

The use of this form has 3 key purposes:

- to enable accurate processing of payments
- to enable employee training records to be kept up-to-date
- to enable monitoring and recording of employment duties under the Race Relations Amendment Act and the Disability Discrimination Act.

Before completing this form, please refer to the Study Leave policy document on the intranet, located under HR / Learning and Development / Learning and Development policies

Should you have any questions, please contact:

Learning and Development Administrator
Clyde Contact Centre

Tel: 0141 435 7325

All completed forms should be returned to:

Learning and Development Administrator
Clyde Contact Centre
5th Floor
Golden Jubilee National Hospital

Beardmore Street
Clydebank G81 4HX

Section A: Candidate's Details

Name: _____

Position: _____

Work Base: _____

Directorate: _____

Line Manager: _____

Contact telephone Number(s) (please enter most appropriate number)

Home: _____

Work: _____

Mobile: _____

Line Manager's contact details: _____

Section B: Training Events Details

Title of course / conference:

Organiser's name & address (if applicable)

Venue of course / conference:

Residential / Part Residential / Non Residential:

(Please indicate by circling appropriate option):

Date(s) of course / conference:

Total cost of the course: _____

Total amount of leave required from workplace: _____

Where does this event link learning to?

(Please circle the most appropriate)

PDP Objectives KSF Role Development CPD Other

Do you require a place to be booked on the event for you?: Yes / No

Signature of Applicant: _____

Date: _____

Appendix 1

****Please note that full event details must be provided – please also attach any information you have regarding the training event, e.g. brochure, leaflet, etc ***

Please now return this form to the Learning and Development Department

Section C: Line Manager Authorisation

Having considered the information detailed in sections A and B of this form

I Approve * / Do not approve (please circle your decision) this request.

If approval is declined, please state the reasons for this.

This request is authorised and is in accordance with NHS 24 Study Leave policy.

Name of Line Manager (Print): _____

Signature of Line Manager: _____

Date: _____

Please now return parts A, B and C of this form to the Learning and Development department.

For administration purposes only

Form received by: _____ Date: _____

Date form sent to manager _____

Date form returned _____

Study Leave granted Yes / No

Comments

Copy sent to individual Yes Date sent: _____

Sent by: _____