**Leave request form**

**General information**

|  |  |
| --- | --- |
| Name:  |  |
| Home email address:  |  |
| Home address:  |  |
| Contact number  |  |
| Current hospital  | Base: Bleep / DECT number: |

**Grade of training**

|  |  |
| --- | --- |
| Year of training in forthcoming placement:  |  |
| Current year of core/specialist training:  | Date of entry into current year:  |
| If not currently in a training post, what is your current post:  | When were you last in a training post: |
| If less than full time, what is your percentage: |  |

|  |
| --- |
| Please indicate your preferred pattern of work and contact the rota coordinator to discuss details:  |

**Exams (delete passed or planning as appropriate)**

|  |  |
| --- | --- |
| Please list all elements of your relevant specialty exams |  |
|  | Passed / planning Date:  |
|  | Passed / planning Date:  |
|  | Passed / planning Date:  |

**For office use only:**

Date due to be returned:

Date received**:**

**Induction Requirements**

|  |
| --- |
| Have you worked in this hospital before? Yes / No If yes, at what grade:  |
| Which hospitals have you worked in over the past 12 months:  |

Please state dates you will be working in this XX department

|  |  |  |
| --- | --- | --- |
|  **From \*** | **To \*\*** | **Details/reason if not standard changeover dates**  |
|  |  |  |

**\*\*If you are planning to leave the department before the next changeover date then you MUST put this in writing to the rota-manager. This is your responsibility and not that of the LET or your TPD**.

**\*Leave is only permitted during changeover in exceptional circumstances. If you need leave in changeover week please contact the rota-maker in the department where you will be missing induction. Similarly, if you are on nights immediately prior to changeover please contact the department in advance to make induction arrangements.**

**Leave requirements**

Some departments will provide you with three or even six months of your rota in advance therefore please include any leave and not-on-call requests of which you are currently aware (ie not just the first six weeks).

To avoid ambiguity, please ensure the dates requested are inclusive and include any adjacent weekends or public holidays for which you wish to be not-on-call.

|  |  |  |  |
| --- | --- | --- | --- |
| FROM  | TO  | Type of leave ie study / exam / annual  | Further info / details If study leave - name & location of course/ event  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Special leave eg maternity/ paternity leave:**

|  |  |  |
| --- | --- | --- |
| From  | To | Details |
|  |  |  |

**Additional not-on-call requests**

|  |  |  |
| --- | --- | --- |
| From  | To | From to details / priority (optional)  |
|  |  |  |
|  |  |  |

Current rota details, if known (do not delay sending your form if you do not have this information).

|  |
| --- |
| Date of last night shift prior to changeover:  |
| Date of last weekend prior to changeover:  |

NOTE: Providing the above information does not constitute booking leave.

Official forms must also be obtained, completed correctly and returned to the appropriate department. Please do not make bookings/ pay until you have had confirmation from the department of leave approval. If you are hoping to book a more than a two-week period of leave, you MUST discuss this with the rota coordinator.

Please keep a copy