



DEPARTMENT OF HEALTH

Rheynn Slaynt

Application for Study Leave and/or Funds to Attend a Conference, Training or Business Event

Name in full/Title

Post

Workplace/Ward/Department

Telephone Number Email

Name of Conference/event/course Venue

Date(s) of Conference/event/course Time To Time

Reason you wish to attend (as much detail as possible)

Description of the conference/event/course (attach any flyer or advertisement)

How will the Department benefit from your attendance?

Travel and Accommodation

Outward Travel Date Time/Flight Departure from: Destination

Return Travel Time/Flight Departure from: Destination

Accommodation Required Yes No Included in Conference Yes No

Name of Hotel Room Only Bed and Breakfast

Address Tel Number

Costs (Where actual costs are not known please estimate and indicate this with a letter E next to the figure.)

| | | Further information (e.g. no. of days) |
|---|--|--|
| Cost of course / Event / Conference | £ | |
| Total Boat* / Plane* fares (*delete as appropriate) including if taking car (state model) and/or passengers | £ | |
| Car (name of driver and number of passengers) | | |
| Accommodation (number of nights): | £ | |
| Car Hire (number of days): | £ | |
| Train / Coach journeys | £ | |
| Other Expenses (please detail): | £ | |
| Subsistence claim | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Total Cost | £ | |

Order Number:

Please indicate total time involved in attending, including travel time:

Days

Hours

Is this time reclaimable via overtime or flexi time?

Yes

No

Once completed, appropriate signatures must be obtained to indicate agreement to you attending the conference/training event and that funding is available.

Applicant's signature

Date

Service provision

Attendance agreed/absence approved
Line Manager

Print Name:

Date

Budget available

Budget Holder

Print Name:

Date

Educationally appropriate (Medical Staff)

FY2 - Director Medical Education or Deputy
Other medical staff - Royal College Clinical Tutor
Consultants - Clinical Director
Clinical Directors - Medical Director

Print Name:

Date

Senior Management acknowledgement

Hospital Manager, DNMS&PD, Medical
Director, Consultant, Primary Care
Manager

Print Name:

Date

If travelling beyond the British Isles, the approval of the Minister or CEO is also required:

Ministerial/CEO Approval

Date

Travel Agent's Name

Booked By

Order Number

Expenditure Code

Course Attended/Learning Activity
Completed

Yes

No

Line Manager's Signature

Date

- If you are attending a Conference or Training Event on-Island please ignore Travel and Accommodation component of this form.
- Please refer to the Department's Study Leave policy for guidance on decision-making with relation to these applications.
- This form should be retained on personal files and information recorded (Oracle, Axapta, Rio) as appropriate.

