## HOW TO APPLY FOR STUDY LEAVE

#### STEP 1

Discuss and get agreement from your Educational Supervisor (your ST3 practice trainer), add to your PDP in eportfolio. Must be relevant to your GP training curriculum (You should apply with at least 6 weeks notice of course date)

# **STEP 2 (hospital posts)**

Discuss and get agreement for study leave from your supervising consultant and your hospital rota coordinator

# STEP 2 (GP posts)

Discuss and get agreement for study leave from your practice manager

## STEP 3

Complete Intrepid online application for leave remembering to include **all** anticipated costs when applying (including course costs/travel/subsistence). This will generate an automatic email to programme team

# STEP 4

You will receive a notification email from intrepid to confirm decision following request – this is the final stage in authorisation, study leave is not

#### STEP 5

Book course if authorisation received (do not book course until a decision response has been received)

# STEP 6

Following course attendance (if expenses involved), complete study leave expenses claim form and email it along with copies of all receipts and proof of attendance to <a href="mailto:emma.stallard@ydh.nhs.uk">emma.stallard@ydh.nhs.uk</a>

Claims must be submitted within 3 months of attendance – claims after this period will not be allowable

Reimbursement will be directly into your bank account

# **Appendix 1 - GUIDANCE NOTES**

# What is my study leave allowance for ST1&2 years?

Annual entitlement is 30 days, running from August to August.

Remaining allowance after deductions for day release course etc is **12 days** (6 days per 6 month post). See appendix 3 for how this is calculated.

# What is my study leave allowance for ST3 year?

Annual entitlement is 30 days, running from August to August.

Remaining allowance after deductions for day release course etc is **10.5 days.** See appendix 3 for how this is calculated.

## What is my study leave budget?

There is no cap on study leave budget currently. However points of note to be considered are:

Is the course related to the GP curriculum?

Is there a local course that is suitable either at a lower cost or is provided at no cost?

Applications under £250 are likely to be approved, but may still need to be authorised by APD.

Applications over £250 will always need to be authorised by APD.

#### What do I need to apply for?

These are examples:

Exam preparation courses / Exam revision leave (maximum of 5 days for AKT/CSA private revision and prep courses / RCGP courses / SGPET (Somerset GP Education Trust) other than those included on timetable / Courses related to scholarship roles / Career fairs / Meetings related to GPST representative roles / Clinic attendance / Leadership courses / teaching courses / ILS (if qualification out of date) – note ALS & ATLS are not allowed / Child protection training / GP update courses – note MPH and YDH run annual update courses via SGPET and these are free.

#### Please ensure that you apply for your days in practice and patch tutorials too.

Full list at <a href="http://www.primarycare.severndeanery.nhs.uk/training/trainees/leave/hesw-gp-study-leave-guidance/">http://www.primarycare.severndeanery.nhs.uk/training/trainees/leave/hesw-gp-study-leave-guidance/</a>

Membership of Somerset GP Education Trust (SGPET) entitles you to attend any of their events at no extra cost whilst you are in your training period. Events other than those noted on your timetable will need to be applied for out of your remaining days and using the appropriate system. <a href="https://www.somersetgpeducationtrust.co.uk/">https://www.somersetgpeducationtrust.co.uk/</a>

### What don't I need to apply for?

Day release (VTS) teaching sessions / CEPNs workshops included on teaching timetable (S1&2s) / away days / SGPET linked days included on teaching timetable (ST3s) / Trainee led days (ST3s) / Annual graduation awards (ST3s) – if ST1-2 attends, will need to apply for study leave. CSA/AKT Exams

# Appendix 2 - How to log into Intrepid online system

Please click on the following link in order to access/set up your Intrepid account: https://www.intrepidv10.co.uk/HEE

To access your account you firstly need to get a PIN number and password. To access both of these, you will need

- 1. Click on the 'Forgotten your PIN or Password' tab on the left hand side
- 2. In the screen 'Password reminder' enter your email address that you would like to use for study leave NB your email must be the one you gave at the time of recruitment
- 3. Now click on the tabs 'Send PIN reminder' and 'Send Password' reminder
- 4. Automated emails will then be sent to your chosen email address with your PIN number and password
- 5. This chosen email address will become your ID on the Study Leave system
- 6. We suggest that you change your password to something memorable and save the link in your favorites. You can change your password from within the My Account area once you have logged on.

# Appendix 3 – Allowances

ST1/2 Entitlements						
Annual study leave days entitlement	30					
8 full day sessions for VTS day release	-8					
3 full day multi-disciplinary CEPNs workshops	-3					
ST1/2 away day	-1					
Days in practice/ patch tutorials (attending your ST3 practice)	-6					
Total remaining days per annum to use for courses/clinics etc (linked to your PDP) – (6 days per 6 month post)	12					

ST3 Entitlements						
Annual study leave days entitlement	30					
11 whole day VTS day release	-11					
Double away days - spring	-2					
Single away day – autumn	-1					
SGPET linked days (noted on teaching timetable)	-3					
Trainee led whole days	-2					
Annual trainee graduation awards	-0.5					
Total remaining days per annum to use for courses/clinics etc linked to your PDP	10.5					

# Appendix 4 – Application Form (For those unable to use Intrepid)

# A - SEVERN DEANERY - STUDY LEAVE APPLICATION FORM - SOMERSET

- Please complete prior to taking Study Leave
- Please forward to Emma Stallard emma.stallard@ydh.nhs.uk

Surname	•								First Na	ıme					
GMC Number (or equivalent for Dental/Public					ublic	Health tr	rainees	s)							
Trust (at time of Leave)					Spe	cialt	y (at time	e of L	eave)						
Telephor	ne					Email A	Addres	ss							
Current	Address	(includin	g postco	ode)		Type of	f Leav	e (ple	ease ma	rk wit	h 'x' as	approp	priate)		
						Study					Pri	vate st	udy		
			Examination												
Study Leave Venue (eg Bristol)				Name o	of Cou	rse/E	Exam	·							
Anticipated Cost/course fees £				Antic	ipate	ed Trave	el / Su	ubsiste	nce Fe	ees	£				
Dates:	From	/ /2	20	То	/	/ /20			days ar			naining	alloca	ation)	

I have booked leave in my depa	Yes No		
My Educational Supervisor has development needs, and I have		Yes No	
I would like to claim these cost	s from my Study Leave Budget Tick		
Applicant's Signature	Date		
FOR PATCH USE:			
Study leave remaining (days)			
Signed on behalf of the School	:	Date:	

#### **Explanatory Notes**

**Email address:** Please supply an email address which is active, permanent and will not change from post to post to ensure that we are able to contact you. If you do change your email address, please contact your relevant School point of contact with the new details.

Confirm to trainee whether study leave is approved and whether expenses will be reimbursed

**Telephone number:** Please note your mobile number so that we are able to contact you should we have any queries about your application.

**Year/Grade:** Please mark all that apply to you - and note your year group.

Send trainee expenses claim form for completion after study leave activity

**Home address:** We are requesting this information for payment purposes. Work addresses will not be accepted.

# Type of Leave:

Study: e.g. courses, conferences, training events (both internal and external)

Private study: e.g. exam preparation

Examination: you can take leave for exams (you cannot claim fees for examinations)

Name of course/exam: Please provide full title of course or examination.

**Anticipated cost/Course fees:** Please include full cost (including VAT in pounds sterling) but excluding any travel and subsistence costs. Estimated costs are acceptable at this stage as further details will be requested after the training event on the Expenses Claim form.

**Anticipated Travel/Subsistence fees:** Please include full cost (including VAT in pounds sterling) but excluding any course fees. Estimated costs are acceptable at this stage as further details will be requested after the training event on the Expenses Claim form. Please see the 'Budget and Expenses' section of the Study Leave Policy for further details.

**No. of days applied for:** You must not exceed your total annual allocation of Study Leave days (please see section headed 'Allocation per Trainee' in the Study Leave Policy). Please note you must submit this form if there is a cost involved, even if you complete the course or attend the event in your own time. If you require no leave, enter zero in number of days applied for.

**Educational Supervisor:** This refers to the manager with whom you have approved your learning agreement.

#### Appendix 5 - Expenses Claim Form

**Sort Code** 

## **B - SEVERN DEANERY - STUDY LEAVE EXPENSES CLAIM FORM** (COMPLETE *AFTER* LEAVE)

Forward to Emma Stallard – <a href="mailto:emma.stallard@ydh.nhs.uk">emma.stallard@ydh.nhs.uk</a>

Surname		Forer	name(s)						
Trust		Curre	nt Specialty	1					
Email Address				Tel					
Current Address									
		This address will be u	sed as the D	eanery cori	respondence address				
GMC Number									
Purpose of Study Leave	(e.g. nam	e of course, conference)							
Dates	From:		То:						
PLEASE PROVIDE YOUR BANK DETAILS FOR BANK TRANSFER PAYMENT:									
Bank Name		Acco	unt No						

PLEASE NOTE: All claims must be supported by original receipts, only standard class rail fares may be claimed, car sharing is encouraged, you may claim an allowance for passengers, and reimbursement may take up to six weeks. You must also send a copy of your Proof/Certificate of Attendance.

**Account Holder Name** 

Expense Type	Amount

Course Fees (attach original receipts)  Fares, tolls, parking fees (attach original tickets/receipts)  Subsistence/misc expenses (attach original receipts)  Total Miles travelled (no. of miles)  Car Travel  Car Sharing (minus home - base mileage)  Passenger Name(s)  Total Miles Passenger Miles Payable @ E0.05 / mile  Found Mileage Payable @ E0.05 / mile  Found Mileage Payable @ E0.05 / mile  Found Mileage Payable @ E0.10 / mile  Found Mileage Pay										C	laime	d
Subsistence/misc expenses (attach original receipts)    Total Miles travelled (no. of Base Payable @ E0.24 per mile E Mileage E0.24 per mile E Mileage E0.05 / mile E E Mileage E0.05 / mile E E E E E E E E E E E E E E E E E E E	Course Fees (attach original receipts)									£		
Total Miles travelled (no. of miles)  Car Travel  Car Sharing (minus home - base mileage)  Passenger Name(s)  Total Miles Travelled  Passenger Miles Payable @ £0.05 / mile £  Total REQUESTED - UNCONFIRMED AMOUNT £  Declaration  I am applying for the expenses and allowances claimed are in connection with official visits to the place indicated on the date(s) shown  - No other claim has been made by me or will be made by me on any public body for expenses or allowances in connection with the business stated  Detail Invoice Number:	Fares, tolls, parking fees (attach original tickets/receipts)											
travelled (no. of miles)  Car Travel  Car Sharing (minus home - base mileage)  Passenger Name(s)  Passenger Miles Payable @ £0.05 / mile  £  Total Miles travelled  Total REQUESTED - UNCONFIRMED AMOUNT £  Declaration  I am applying for the expenses and allowances claimed are in connection with official visits to the place indicated on the date(s) shown  - No other claim has been made by me or will be made by me on any public body for expenses or allowances in connection with the business stated  Date:  Invoice Number:	Subsistence/mis	sc expense	es (attach origii	nal re	ceipts)					£		
Miles   Payable @ £0.05 / mile   £	Car Travel	travelled (no. of	es		Home to Base		Payable (			£		
Bicycle Travel travelled  E0.10 / mile  £  Total REQUESTED - UNCONFIRMED AMOUNT £  Declaration  I am applying for the expenses detailed and declare that: - the travelling expenses and allowances claimed are in connection with official visits to the place indicated on the date(s) shown - No other claim has been made by me or will be made by me on any public body for expenses or allowances in connection with the business stated  Applicant's Signature:  Date:  Invoice Number:	(minus home -	_	er		Miles		Payable @			£		
Declaration  I am applying for the expenses detailed and declare that:  - the travelling expenses and allowances claimed are in connection with official visits to the place indicated on the date(s) shown  - No other claim has been made by me or will be made by me on any public body for expenses or allowances in connection with the business stated  Applicant's Signature:  Date:  Invoice Number:	Bicycle Travel		es	<u> </u>					£			
I am applying for the expenses detailed and declare that:  - the travelling expenses and allowances claimed are in connection with official visits to the place indicated on the date(s) shown  - No other claim has been made by me or will be made by me on any public body for expenses or allowances in connection with the business stated  Applicant's Signature:  Date:  Date:	Total REQUESTED – UNCONFIRMED AMOUNT									£		
- the travelling expenses and allowances claimed are in connection with official visits to the place indicated on the date(s) shown  - No other claim has been made by me or will be made by me on any public body for expenses or allowances in connection with the business stated  Applicant's Signature:  Date:  Divoice Number:	Declaration											
Invoice Number:	I am applying fo	r the expe	nses detailed a	nd de	eclare that:							
Applicant's Signature:  OFFICE USE ONLY:  Invoice Number:	·											
OFFICE USE ONLY:  Invoice Number:												
	Applicant's Sign	nature:						Date:				
Authoriser's Signature	OFFICE USE ONLY: Invoice Number:											
Authoriser's Signature		<del>.</del>										
AND date Approved for payment Yes / No	Authoriser's Sig	jnature				Δnnr	oved for n	avment	Vac		/ No	
TOTAL AMOUNT PAYABLE TO INDIVIDUAL – AUTHORISED TOTAL		T DAVARI	E TO INDIVIDU	ΔI — 4	ALITHOPISED 1		oved for po	ayını <del>c</del> ını			, 140	