

**NHSE South West Overseas Event Request Form**

Please complete **all** sections of this form

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| Overview Information |
| * Please return this form at least 8 weeks prior to requiring the funds to england.studyleave.sw@nhs.net
* Please use subject heading: Overseas Event Request Form.
* Please do not make payments without approval and a reference number.
* We will aim to respond within 10 working days.
* If approved, please ensure that all future communication and reimbursements use the returned reference number provided. We are unable to support any reimbursements without a reference number.
* Please tick all relevant boxes. To check a checkbox on the form, left click it once.
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| NHSE Office use only |
| Reference Number |  |
| Approval Status |  |
| Date |  |

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| SECTION 1a – Applicant Details |
| Surname/Family Name |  |
| Forename |  |
| GMC Number |  |
| Foundation, Core, or Specialty Level: |  |
| Home Postcode |  |
| Contact Emails |  |

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| SECTION 1b – Trust Details |
| Name of Trust |  |
| Address of Employing Trust (Including Postcode) |  |

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| SECTION 1c – Trust at time of event (If different to section 1b) |
| Name of Trust |  |
| Address of Employing Trust (Including Postcode) |  |

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| SECTION 2a – Event Details |
| Name of Event |  |
| Event Start Date |  |
| Event End Date |  |
| Study Leave Days Requested (If different to the above) |  |
| Location (Including Postcode) |  |
| Link to event website |  |

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| SECTION 2b – Presenting at Event |
| First Author and Sole Presenter of a Poster which has been accepted for a Poster or Presentation.(Based on own research undertaken as part of a clinical training programme) | Yes[ ]  | No[ ]  |

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| SECTION 2c – Not Presenting at Event |
| If presenting, go to Section 2d. |
| No equivalent course or activity in the UK | Yes[ ]  | No[ ]  |
| The cost is less than that of attending the cheapest equivalent activity in the UK | Yes[ ]  | No[ ]  |
| If the course is cheaper than any UK equivalent activity, please provide evidence at the end of the form |

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| SECTION 2d – Confirmation of Attendance of another Overseas course |
| I have already attended an overseas course within the last three years | Yes[ ]  | No[ ]  |
| If yes, was this overseas course while you were in the same programme.(I.e. Foundation or Core or Specialty) | Yes[ ]  | No[ ]  |

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| SECTION 3 – Estimated costs |
| Please refer to the travel and subsistence guidelines contained with the Study Leave Guidance |
| Course / Conference Fee(Without membership fees) |  |
| Early Bird Fee (Where option is provided) |  |
| Travel CostsThis is to only include:* Travel to and from UK Airport
* Flights to and from UK Airport
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| Accommodation Costs(Per Night £150, from time to time, maximum costs may get adjusted, please visit our guidance for up-to-date information) |  |
| Number of Nights Claiming |  |
| **Total Estimated Cost** |  |

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| SECTION 4 – Declaration |
| Please read the below statements. Tick the box to the right of each statement to confirm the statements below. |
| I hereby confirm that the details laid out within this Overseas Request Form are to the best of my knowledge and accurate.This includes:- Overview of claimant’s details contained within Section 1- Event details contained within Section 2- Estimated costs of the event contained within Section 3 |[ ]
| I hereby confirm that I have read the Overseas Guidance contained with NHS England South West’s Study Leave Guidance and I am aware of the funding limitations. |[ ]
| I hereby confirm that the Trust’s policies have been applied in relation to booking Study Leave. |[ ]
| I hereby confirm all appropriate approvals have been sought prior to the form being submitted to NHS England South West.  |[ ]
| The approvals I have sought is/are from:(Highlight the correct post) | Educational Supervisor | Training Programme Director | Head of School |

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| SECTION 5a – Details of the Individual who has completed this form |
| Name |  |
| Signature |  |
| Date |  |

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| SECTION 5b – ES/HoS/TPD Approval |
| I have read the requirements in the Study Leave Guidance and support the Study Leave request; it is appropriately noted in the trainee’s PDP and is relevant at the current stage of the trainees training.  |[ ]
| I am aware that this submission is prospective of the event.(If the submission is retrospective, please do not approval this request in line with the Study Leave Guidance) |[ ]
| Post(Highlight the correct post) | Educational Supervisor | Training Programme Director | Head of School |
| Name |  |
| Signature |  |
| Date |  |

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| SECTION 6 – Evidence |
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