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**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](mailto: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 Costs  This is to only include:   * Travel to and from UK Airport * Flights to and from UK Airport |  |
| 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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