



**Keele
University**

Medical Student Professional/Study Leave Application Form

This form should be used to apply for permission to attend Conferences or meetings, or to assist with School events such as examinations, open days, student interviews, etc. Page 3 should also be completed when submitting an application for an educational bursary to assist with the cost of attending a Conference. **PLEASE DO NOT COMPLETE A PLANNED ABSENCE FORM.**

You must ensure that this form has been approved IN ADVANCE of you taking part in the event or submitting an application for financial support. Normal notice is required for Professional Leave to attend School meetings or help out with School events. A minimum of 14 days' notice is required from ALL students for Study Leave to attend or present at Conference. Requests for financial support will be dealt with quarterly by the Conference Bursary Group, see KLE for meeting dates.

PLEASE USE **BLOCK LETTERS** TO COMPLETE THIS FORM.

Name					
Email address/phone no.					
Year	1	2	3	4	5

Details of School Event/Meeting(s):

Title	
Location	
Date(s)	
Your role	

Details of Conference/Course:

Conference title	
Location	
Date of conference	
Date of attendance	
Your role	Oral Presentation Poster Presentation Attending only

Total No. of working days absent _____ **Total days absent so far this academic year** _____

What sessions will you miss? (please tick below)

YEAR SPINE UHNS/KEELE/SaTH			HOSPITAL PLACEMENT			GP PLACEMENT	CBL	CIL
			Self Directed Activities		Formal Teaching			

LABS			PBL	LECTURES	SKILLS	OTHER
Anatomy		MUL				

How do you intend to make up for lost learning opportunities as a result of this absence?

*Enter N/A if no learning opportunities will be lost.

STUDENT DECLARATION:

I declare that the information given above is correct and complete.

Signed : _____ **Date:** _____

I wish to apply for financial support to attend this educational event.

Yes *

No

*** If yes, please complete the remainder of the form overleaf.**

STAGE 1 : APPROVAL**(A) APPROVAL by Unit Lead (Years 1 & 2) :**

Please delete as appropriate*

In my opinion this is/is not* a suitable educational event. I have discussed the absence with the student, and am able/unable* to agree* to his/her strategy to make up for lost time.

Print Name : _____ **Signature :** _____ **Date:** _____

(B) APPROVAL by Firm Tutor/Block Lead (Years 3 – 5)

Please delete as appropriate*

In my opinion this is/is not* a suitable educational event. I have discussed the absence with the student, and am able/unable* to agree to his/her strategy to make up for lost time.

Print Name : _____ **Signature :** _____ **Date:** _____

(C) APPROVAL by GP Provider at time of requested absence

In my opinion this is/is not* a suitable educational event. I have discussed the absence with the student, and am able/unable* to agree to his/her strategy to make up for lost time.

Print Name : _____ **Signature :** _____ **Date:** _____

STAGE 2 : AUTHORISATION**AUTHORISATION by Year Lead (Years 1 – 2) or Hospital Dean (Years 3 – 5)**

Please delete as appropriate*

AUTHORISED* / NOT AUTHORISED* (PRINT NAME) _____ **(DATE)** _____

(SIGNATURE) _____

*Once completed, please return this form to the Teaching Support staff at your base site immediately.
Ensure all relevant pages are complete.*

Application for Financial Assistance

Please note, a decision with regard to financial assistance may not be given prior to the event taking place, dependent upon the timing of your application.

Student declaration:

My Unit Lead (Years 1&2) or my Firm Tutor (Years 3-5) and Year Lead/Hospital Dean have agreed that my attendance at the conference detailed overleaf is educationally appropriate. I understand that it is my responsibility to make up for the time I miss away from the Medical School/my Clinical Placement, and I have agreed a strategy to make up for time missed. I wish to apply for financial assistance to attend this educational event.

I understand that the Conference Bursary Group is working within a budget, and is unable to give awards to all applicants. If an award is made, it may not cover all costs, and I will be liable for all other costs. I also understand that the maximum bursary available to any student is £350 in any academic year.

I have previously received financial support to attend an educational event. **Yes** **No**

If yes, give details of the date and amount of the award.

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Estimate of costs associated with the Conference/Course detailed overleaf.

Registration fee	
Travel	
Accommodation	
Other	

Student signature : _____ **Date:** _____

I certify that the information I have provided on this form is correct and complete.

To be completed following discussion by the Conference Bursary Group

This application has been discussed by the Conference Bursary Group, at the meeting held on _____ (ddmmyy).

- The Committee has agreed to award this student the sum of £ XXX towards costs incurred in attendance at this event.
- The Committee has declined to award this student financial assistance.

AUTHORISED _____ **Date:** _____
Dr Carol Gray, Chair of Bursary Committee

For OFFICE USE ONLY (Conference Bursary Group Administrator)

Copy Form returned to Student
 Decision & amount recorded