

**APPLICATION FOR ANNUAL LEAVE FOR REGISTRARS**

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**Part A – Request Details**

Name: .....

Grade/Directorate: .....

I wish to take annual leave commencing on: ..... (day) Date:.....

I will be returning on: ..... (day) Date: .....

No of days requested: .....

If this absence includes days in lieu of Bank Holidays please give dates worked .....

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**Part B – Organisational Issues**

**Theatres** – have you informed Theatres of changes to the theatre schedule while you are away?

*(Please tick)*

NOT required

YES:

(date informed .....) )

**Outpatients** – have you informed Outpatients of any changes to your Outpatient Clinics during your planned leave, using the appropriate form?

*(Please tick)*

NOT required

YES:

(date informed .....) )

A copy of the completed clinic cancellation / reduction form should be attached to this form.

(If either Theatre or Outpatient Departments have not been informed, the leave form cannot be signed.)

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**Part C – Cover Arrangements**

Confirm the name of the doctor covering your duty: .....

Appropriate cover arrangements are in place: **AUTHORISED:** ..... Directorate Manager/  
Consultant

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**Part D – Short Notice Requests for Leave (less than 6 weeks)**

Leave that affects timetabled sessions in Theatres or Outpatients Department should be booked at more than 6 weeks notice. Leave at less than 6 weeks notice will normally be refused.

In exceptional circumstances short notice leave will be approved at the discretion of the Clinical Director.

For leave requested at less than 6 weeks notice, this form must be signed **before** the leave is confirmed to Outpatients and Theatres.

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**Part E – Leave Approval**

SIGNATURE OF APPLICANT: ..... Date: .....

**APPROVED / NOT APPROVED** To be signed by the Consultant/Directorate Manager.

SIGNATURE: .....

PRINT NAME: ..... Date: .....

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**Completed forms should be returned to the Medical Staffing Department, Halton/Warrington Hospital**