

ST HELENS & KNOWSLEY NHS TEACHING HOSPITAL

MERSEY SCHOOL OF SURGERY
APPLICATION FOR ANNUAL LEAVE-SPECIALIST REGISTRAR GRADE
SIX WEEKS NOTICE IS REQUIRED FOR ALL LEAVE

NAME:..... GRADE:

SPECIALITY:HOSPITAL WORKING AT:
 (When leave is to be taken)

I WISH TO TAKE ANNUAL LEAVE FROM.....(DAY) DATE:

TO:(DAY) DATE:

Flexible Trainees only – PLEASE SHOW NORMAL WORKING DAYS: M T W TH F

My on-call commitments are as follows:

My shift rota is: (i.e. on-call 1:4/1:5/Partial shift/Full shift etc

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

Is locum cover required? YES/NO *Full Time * Out of Hours only (please delete as applicable)

PLEASE NOTE THAT DOCTORS WHO RECEIVE PAYMENT FOR COVER OF COLLEAGUES ON ANNUAL/STUDY LEAVE ARE NOT ENTITLED TO LOCUM COVER. FOR THOSE DOCTORS WHO HAVE NO AGREEMENT TO COVER COLLEAGUES PLEASE COMPLETE THE FOLLOWING:

DURING MY ABSENCE COVER WILL BE PROVIDED BY: -

DATE	DAY COVER	ON-CALL COVER	I hereby agree to provide cover for the above named during his/her annual leave PLEASE SIGN BELOW
APPLICANTS SIGNATURE & DATE			

SIGNATURE OF PERSON RESPONSIBLE FOR ARRANGING JUNIOR DOCTORS ROTA: (IN THE TRUST WHERE ANNUAL LEAVE IS TO BE TAKEN)

LEAVE APPROVED/NOT APPROVED (PLEASE DELETE AS APPROPRIATE)

SIGNED..... DATE.....
 (SUPPORT MANAGER

CONSULTANTS SIGNATURE (IN THE TRUST WHERE THE ANNUAL LEAVE IS TO BE TAKEN)

SIGNED.....DATE.....

NB 1) A maximum of 5 days annual leave ONLY can be carried forward into the next year

2) On leaving the rotation a maximum of 5 days only will be paid.

3) Leave will not be granted until all sections have been fully completed and appropriately signed.....

FOR OFFICE USE ONLY

COPY TO:FILE/RECORD

COPY TO: CLIENT TRUST/LIAISON OFFICER

DATE..... ADMINISTRATOR'S SIGNATURE

ON COMPLETION THIS FORM SHOULD BE RETURNED TO: EVELYN ROGANSKY, HR&ORGANISATIONAL DEVELOPMENT, DEANERY SERVICES, 1ST FLOOR, ELM HOUSE, CLATTERBRIDGE HOSPITAL, CLATTERBRIDGE ROAD, BEBINGTON, WIRRAL CH63 4JY