

Last Name		First Name	
Position (HO/Registrar)		Run (at time of leave)	
Training Programme		Supervisor of Training	
Union	<input type="checkbox"/> SToNZ <input type="checkbox"/> NZRDA <input type="checkbox"/> IEA – SToNZ <input type="checkbox"/> IEA - NZRDA		

Start Date (1 st Day Away)	End Date (Last Day of Leave)	Return Date (1 st Day Back)	Total Hours Requested	Specify Type of Leave Requested (Medical Education or Conference Only)	Approved/ Declined (RDST to complete)

Reason for Medical Education/ Conference Leave
(Please provide information regarding name and details of each exam/course/conference, location etc.)

Non – Trainee Only	
What is your intended vocational college or specialty pathway?	
Please outline how attending will contribute to your vocational college application or specify the clause indicating it is a requirement for applying.	
If a conference, are you presenting?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Poster

Supervisor of Training/Educational Supervisor Authority		
I confirm that this leave and associated course fees/travel costs are REQUIRED as part of: <input type="checkbox"/> Training programme <input type="checkbox"/> Relates to an appropriate conference		
Name _____	Signature _____	Date _____

RMO Sign Off	
RMO Signature _____	Date _____

RDST/Service Sign off		
Relief Cover Details	Sufficient Leave Balances :	MEL Conference
Service Sign Off (Clinical Director/Service Manager)		
Name _____	Signature _____	Date _____

RDST Sign Off		
Name _____	Signature _____	Date _____