**Clinical Fellow Study Leave Claim Form**

**checklist**

* Receipts (Original receipts for any expenses)
* Proof of attendance (An attendance certificate or an email from a business address confirming attendance is acceptable. Programmes, agendas, course outlines etc. are NOT acceptable.)
* Signature of your head of department
* Delivered to the academy within 12 weeks from the last day of the course/event.

*Please note all claims will be processed in strict accordance with the trust expenses policy,**(available on the intranet).* ***It is the responsibility of the claimant*** *to ensure that claims are received by the Academy within stated deadlines, complete with all the needed signatures and documentation.*



**Clinical Fellow**

**Study Leave Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please note all claims will be processed in strict accordance with the trust expenses policy, (available on the intranet). It is the responsibility of the claimant to ensure that claims are received by the Academy within stated deadlines, complete with all the needed signatures and documentation.** | | | | |
| **Claimant:** | **Grade:** | | **Speciality:** | |
| **Course Title:** | |  | |  |
| **Venue:** | |  | | **Date To: From:** |

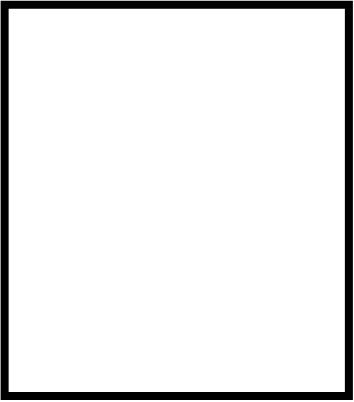
|  |  |  |
| --- | --- | --- |
| **Course Fee** | £ | p |

|  |  |  |
| --- | --- | --- |
| **TRAVEL** |  | |
| **TO:** |  | |
| **FROM:** |  | |
| **Total Mileage:** | \_\_\_\_\_\_\_\_\_\_\_\_\_ Miles  @ 24p Per Mile  = \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **NO of Passengers:**  (GWH employee only/not including driver) | \_\_\_\_\_\_\_\_\_\_\_\_\_ Miles  @ 5p Per Mile  = \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **RAIL** | £ | P |
| **AIR** | £ | P |
| **COACH** | £ | P |
| **OTHER:**  (Please specify - E.g. Taxi, Underground, car park etc..) | £ | P |

|  |  |  |
| --- | --- | --- |
| **Accommodation** | £ | P |
| **Subsistence** | £ | P |

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| I CERTIFY THAT:  1. The expenses claimed are in accordance with Whitley Council Regulations are incurred on official visits to places stated on those dates and the expenses claimed have not been claimed elsewhere.  2. Travel by public service transport was not appropriate for the particular journeys claimed.  3. The subsistence allowances are claimed because of additional expenditure on meals have been necessarily incurred over and above the amount normally spent at my permanent station and for the allowance for over eight hours expenditure was necessarily incurred on additional meal.  4. The insurance policy for the vehicle(s) used provides cover whilst the vehicle was used on official business and the policy was in force and covered all the journeys claimed.  5. All expenses, including public transport fares, taxis, and car parking are covered by the attached receipts.  DATE: ...................................... NAME: ............................................... ......SIGNATURE........................................... (CLAIMANT)  **Please obtain your head of Departments signature below before submitting this claim.**  DATE............................ NAME: ..................................... SIGNATURE: .................................. (HEAD OF DEPARTMENT) |
| **PLEASE ENSURE THIS FORM IS SUBMITTED WITHIN THREE MONTHS OF LEAVE BEING TAKEN.**  Other than in exceptional circumstances, the Trust will not pay claims more than three months after the month of the claim  DATE: ................................................ SIGNATURE:.........................................(MEDICAL EDUCATION MANAGER) |

|  |  |  |
| --- | --- | --- |
| SUBJECTIVE CODE | £ | P |
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|  |  |  |
|  |  |  |
| TOTAL  CLAIM |  |  |



***OFFICE USE ONLY***

COST CODE = J66107