JUNIOR TRAINEE DOCTOR – ANNUAL / STUDY LEAVE NOTIFICATION

|  |  |
| --- | --- |
| NAME:  | GRADE:  |
| SUPERVISOR: | BASE:  |

|  |  |  |  |
| --- | --- | --- | --- |
| DATE FROM | DATE TO | No. of Days | TYPE OF LEAVE ie Annual / Study |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**I confirm that I HAVE swapped all on call duties (DAY ROTA, ROTA 1 OR 2, NIGHTS) and informed the MW Team to update the rota.**

|  |  |
| --- | --- |
| **Signature**  | **Date** |
|  |  |

**THIS APPLICATION IS SUPPORTED AND APPROVED BY**

|  |  |
| --- | --- |
| **NAME** |  |
| **JOB TITLE** |  |
| **SIGNATURE** |  |
| **DATE** |  |

Please send the completed form to Medical Workforce hnf-tr.medicalworkforce@nhs.net who will file the request, however, please keep your own record. Medical Workforce are not responsible for keeping a log of your leave.