

**Study Leave Expenses Reimbursement Form**

* ALL CLAIMS WILL BE PROCESSED USING THE E-EXPENSE SYSTEM SELENITY [www.sel-expenses.com](http://www.sel-expenses.com)
* PLEASE ATTACH, THIS FORM, EVIDENCE OF ATTENDANCE AND PROOF OF PAYMENT TO THE SYSTEM
* CLAIMS SHOULD BE SUBMITTED WITHIN 2 MONTHS OF STUDY LEAVE TAKING PLACE

Study leave approval

* Study leave must be approved following the local processes at your current placement. Medical Education/ Clinical Supervisor (CS) at Host Trust and Education Supervisor (ES)/CS if based in General Practice. ES for Public Health trainees.

PERSONAL INFORMATION

Name:

Specialty and Grade:

Placement Location:

Email Address:

Name of Course:

Mandatory/Optional Code­­­­­­­­­­­­­­­­­­­­­­:

Aspirational Code plus evidence from Head of School­­­­­:

Date of course:

Total expenses approved for reimbursement:

Course Fee:

Travel cost (payable if course is outside of London):

Authorising signatures needed:

(For GP/PH Placements)

TPD /ES/CS Name: Signature:

(For Hospital Placements)

Postgrad Manager/Clinical Supervisor Name: Signature:

I confirm that the study leave required to attend the above course was approved via the local processes in place at my placement.

Name of Trainee: Signature: Date: