ROYAL COLLEGE OF PHYSICIANS OF IRELAND

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APPLICATION FOR LEAVE OF ABSENCE* FROM THE HIGHER SPECIALIST TRAINING PROGRAMME

(*For reasons other than Research or Training Overseas)

IMPORTANT: This form **must** be submitted to your Programme Coordinator, Medical Training Department, Royal College of Physicians of Ireland, Frederick House, 19 South Frederick Street, Dublin 2 **before** taking leave of absence. This form is for record purposes only.

Trainees applying for a leave of absence should note that they may receive a maximum of three months leave during the programme with no impact on their CSCST date, after which any absences will extend the date of completion accordingly. All leave is granted at the discretion of the NSD.

Name of Trainee:	**RCPI ID:**
Training Programme:	
I wish to apply in advance for leave of absence from the Higher Specialist Training programme **Signature:** _____ **Date:** _____	
Please indicate the expected dates of your leave of absence* **Start Date:** _____ **End Date:** _____ * Please note these dates are provisional and when you intend to return to training you must notify your Programme Coordinator in writing with as much advance notice as possible. You are not guaranteed a post immediately but rather you will be given the first available post.	
Received by MT Coordinator (signature): _____ Date: ___/___/___ **Noted by National Specialty Director** signature): _____ Date: ___/___/___	