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 Specialty Coordinator, Medical Training Department, Royal College of Physicians of Ireland, Frederick House, 19 South Frederick Street, Dublin 2 **before** taking a leave of absence. This form is for record purposes only.

Trainees applying for a leave of absence over a consecutive period of time 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 National Specialty Director.

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| **Trainee Details:** | |
| **Name:** |  |
| **RCPI Identification Number:** |  |
| **Specialty Training Programme:** |  |
| **Year of Training:** |  |

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| **Leave of Absence Details:** | |
| Type of Leave:  Maternity 🞏 Paternity 🞏 Sick Leave 🞏 Other 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 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. | |

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| **Signature:** | |
| I wish to apply for a leave of absence from the Higher Specialist Training Programme. | |
| Applicants Signature: |  |
| Date: |  |

**For office use only:**

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| **Training Programme Coordinator:** | |
| Signature: |  |
| Date: |  |

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| **National Specialty Director Approval:** | |
| Signature: |  |
| Date: |  |