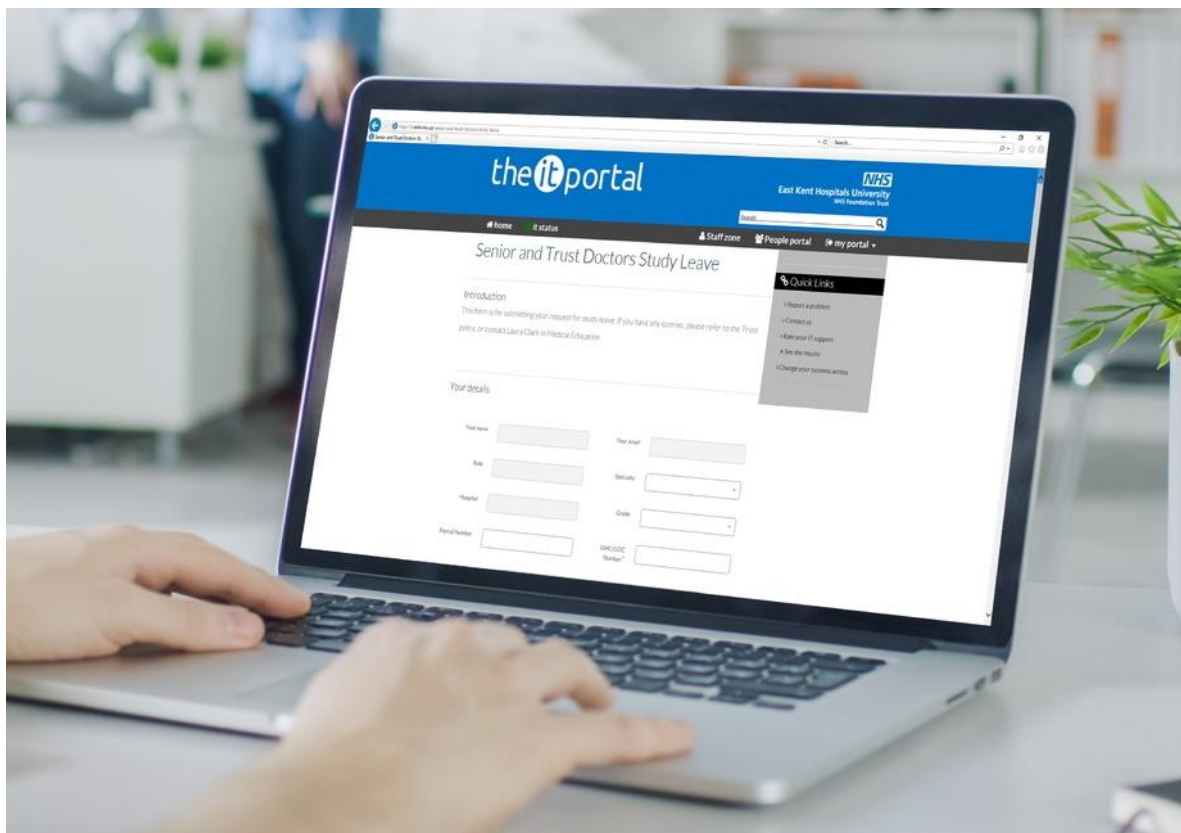


# Senior Study Leave Electronic Form Applicants' User Guide



Version 3

September 2019

This is the first part of the Electronic Senior Study Leave application process; comprising a quick guide for relevant applicants, namely **Consultants, Trust Doctors, SAS Doctors** and **Clinical Fellows**.

You can access the online study leave form from the Medical Education Study Leave page (<https://meded.ekhuft.nhs.uk/study-leave/senior-study-leave/>) or directly via the following link:

<https://it.ekhuft.nhs.uk/senior-and-trust-doctors-study-leave/>

This will take you to the IT Portal (if prompted, enter your normal Active Directory username and password). You will need to be on a computer connected to the secure hospital network.

Mandatory fields are indicated with a red asterisk.

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## Your details

Please complete all the fields with the same information you would normally put on the paper form. (**Name, email, Role** and **Hospital** are automatically populated from your AD login.)

Use the drop-down boxes to select the correct **Specialty** and **Grade**.

Please also enter your **Payroll**, **GMC Number** and the amount of **contracted PAs** you work per year.

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## Your details

Your name	<input type="text"/>	Your email	<input type="text" value="@nhs.net"/>
Role	<input type="text"/>	Specialty *	<input type="text"/>
Hospital	<input type="text" value="QEQM Hospital"/>	Grade *	<input type="text"/>
Payroll Number *	<input type="text"/>	GMC/GDC Number *	<input type="text"/>

Number of contracted PAs (if applicable)

Comments

If any of your details above are incorrect, please let us know in the box above.

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## e-Learning

Please confirm that your **mandatory e-learning** is up to date.

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### e-Learning

☐ I can confirm that my e-Learning is up to date

Please note: Mandatory e-learning modules must be up-to-date.

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## Request

Please specify the **Type of leave requested**, the **Start** and **End date** and the **Total number of days**.  
(**AM** and **PM** fields are provided if you need to specify half days.)

Please enter the **Name of the course or conference** including the **Location, Details** and whether it qualifies for **CPD points**.

Please ensure your **Post is covered for the time you are on study leave** (this will be checked by your rota coordinator at approval stage).

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## Request

Entitlement: 30 days per 3 years (10 days per year) pro-rata

Type of leave being requested

- ☒ Study ☐ Professional ☐ External ☐ Additional NHS  
☐ SAS Grant Approved

Leave start date \*

Leave end date \*

Total number of  
days \*

AM

If you need to request half days, please  
specify how many are AM.

PM

If you need to request half days, please  
specify how many are PM.

Name of course or conference \*

Course or conference location

Details of activity \*

Please include any other details about the activity of the course or conference

☐ CPD points?

Qualifies for CPD points?

☐ Post covered?

Is your post covered for the time you are  
on study leave?

☐ I agree to provide feedback to my colleagues upon my return

Do you plan to provide feedback to colleagues?

## Sponsorship

Please confirm if this course/conference is **sponsored**.

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### Sponsorship

☐ Will you be sponsored?

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## Expenses

Please enter a breakdown of your estimated costs (**Fee, Accommodation, Travel, Subsistence**) in the boxes provided, including the **Total expected cost**.

These will be verified against your actual expenses.

Please confirm if your claim is to be paid from an **Approved SAS grant**.

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## Expenses

ESTIMATED COSTS ONLY. PLEASE CLAIM ACTUAL EXPENSES WITHIN 3 MONTHS OF ATTENDANCE VIA SEL EXPENSES -

☐ Activity, course, or conference fee?

☐ Accommodation required?

Max amount £100 per night

☐ Rail or air travel required?

☐ Taxi or tube travel required?

☐ Car mileage required?

☐ Is subsistence required?

Please refer to the study leave policy for guidance.

Total expected  
cost

£

☐ Is it SAS grant approved? (if appropriate)

## Approvals

Please enter the name of your **DSA** (Rota Coordinator) from the drop-down menu.

Please enter the name of your **Clinical Care Group Director/Service Lead** from the drop-down menu.

If you are unsure who your approvers are, please contact your DSA before you submit your forms.  
(Otherwise your application risks being rejected.)

When you are finished, click on the blue box to submit your application. If you have any further queries please contact **Laura Clark** in Medical Education on 725 3453, or email [laura.clark27@nhs.net](mailto:laura.clark27@nhs.net) .

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## Approvals

DSA / BAM approval \*

Approval of DSA / BAM

Clinical Care Group Director /  
Service lead approval \*

Approval of Divisional Medical Director or Designated Operational Lead

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## What Happens Next?

The form will be emailed to the approvers in your department and then sent to Laura Clark to approve the application at its final stage.

Once this is completed you will be sent a confirmation email from the IT Portal.

## Time Scale for Approval

The application should be made **eight weeks** prior to attendance (in accordance with trust policy), though we will endeavour to approve your request as soon as is reasonably possible.

## Checking the Status of your Request

The easiest way to check on the progress of your application is to log into the IT Portal at <https://it.ekhuft.nhs.uk/>



## My Forms

SUBMITTED ▾	ID ▾	FORM ▾	STATUS ▾
06/09/2019	RN67433	Senior and Trust Doctors Study Leave	Partially approved

Click on **My Portal** and select **My Forms** from the drop-down list. There you will see a list of your applications and the stage which they have reached. Click on the ID number to see the details of a specific request:



## View request

### Application for Study and Professional Leave : RN67433

Submitted by [redacted] (@nhs.net) Friday, 06-Sep-19, at 15:00

Request Status: Partially approved



#### Approval by DSA / BAM

Approved by [redacted], 06/09/19 15:19.

#### Approval by Clinical Care Group Director / Service lead

Waiting for response from [redacted] or Medical Education

#### Approval by Medical Education

This action will start on approval of the previous one .  
To be actioned by Medical Education

## The details

### Your details

Your name [redacted]

Your email [redacted]@nhs.net

Role [redacted]

Specialty Acute Internal Medicine

Hospital QEQM Hospital

Grade Consultant



Click on the PDF icon in the top right corner to download a copy.

## Claiming Expenses

Visit e-Expenses at <http://ekhft.easy.giltbyte.com/>

Download the user guide from

<https://www.ekhft.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=450264>