

APPLICATION FOR ADDITIONAL LEAVE FROM RANZCOG TRAINING PROGRAM



Important Note

This form is to be used to apply for leave from the ITP/Elective program **in excess of** the normal entitlement of 8 weeks' leave per year. Leave taken in excess of the normal entitlement will **not** be credited training time. The Chair of your state/regional Training Accreditation Committee will consider this application, referring it to the local TA Committee if necessary.

NOTE: If your proposed additional leave was applied for on your most recent prospective approval form, you do **not** need to complete this form.

Submission of Form

The completed form must be emailed/faxed/mailed **at least 8 weeks in advance** to the Executive Officer at the RANZCOG Office in the state/region where you are currently training. The Executive Officer will forward it to the relevant TA Committee Chair.

Surname: _____ Given name(s): _____

Current state/region: _____ Current year of training (please tick): 1 2 3 4 5 6

Type of additional leave requested: _____

Dates of proposed leave: ____/____/____ to ____/____/____

Total proposed leave: _____ months _____ weeks

Amount of proposed leave period leave which will be standard annual leave: _____ weeks

Number of weeks of standard annual leave already taken this training year: _____ weeks

Hospital at start of leave: _____

Hospital on return from leave: _____

Reasons for requesting additional leave: _____

Mobile Tel: _____ RANZCOG email address: _____

In signing this form I acknowledge that I understand I must still complete 72 months of training in order to obtain Fellowship, irrespective of amount of leave taken. (tick box)

Trainee Signature: _____ Date: ____/____/____

Approval by relevant Regional/NZ Training Accreditation Committee

Based on the information provided in this form the proposed leave application is:

APPROVED

NOT APPROVED

Name: _____

Chair of : (insert name of state/region) _____ TA Committee

Signature: _____ Date: ____/____/____

If additional leave has been approved, trainee is required to make up _____ weeks of clinical training

[Number of weeks to make up to be inserted by relevant Executive Officer]

Copies of the completed form will be held at College House and at the relevant Regional Office. A copy will also be sent to the trainee, who must retain it in their Training Assessment Record (TAR).