

# Planned Leave Application Form

## Personal Details

Student ID	
Full Name	
Phone	
Year of study	
Current Block	
Rural Placement*	Yes      No      (please tick)

\*Any leave of absence from a student who is on a rural placement (long or short term) must be approved.

## Leave Details

Date of Leave	From:	Return:
Reason for leave		

I have discussed the period of leave with Year Coordinator, relevant Block Chair/Coordinator/Academic or Clinical Supervisor and RCS Academic Coordinator (if applicable) and I will undertake the requirements to make up missed teaching in my own time (attach make up plan if required).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Approval

**3 – 5 days to be approved by relevant Year Coordinator/Rural Academic Coordinator**

Year \_\_\_\_\_ Student Coordinator or Rural Academic Coordinator

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Greater than 5 days to also be approved by relevant Phase Associate Dean**

Year \_\_\_\_\_ Student Coordinator or Rural Academic Coordinator

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Any period of leave from a student on a rural placement must be approved by Head, Rural Clinical School**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_