

Planned Leave Application Form

Personal Details

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

*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 relevant Block Chair/Coordinator/RCS Academic Coordinator 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

Phase _____ Associate Dean

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: _____