

Application for a Tracker2 Account (Study Leave)

Please complete and return this form to [REDACTED] Study Leave Co-Ordinator

Personal/Work Details

Surname:	First Name:
Title: Dr / Mr / Ms / Mrs / Miss / Prof.	
Job Title / Affiliation:	Department:
Preferred Email:	
Name of your Clinical Director:	
If you are the Clinical Director, please state your Divisional Medical Director:	
Name of your Rota Master:	

Site Details

Please indicate the site at which you are based:

<input type="checkbox"/> RAEI	<input type="checkbox"/> Wigan Thomas Linacre Centre
<input type="checkbox"/> Leigh	<input type="checkbox"/> Wrightington
<input type="checkbox"/> Other host trust (MCH)	

Employment Status

Please indicate your employment status with Wrightington Wigan and Leigh NHS Foundation Trust

<input type="checkbox"/> Permanent contract with WWL	<input type="checkbox"/> MCh / MMed	<input type="checkbox"/> Temporary contract / Fixed Term contract with WWL	<input type="checkbox"/> Zero Hours contract at WWL
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Please provide the start date of your contract at WWL	
If not on a permanent contract, please provide the expected end date of your contract	

Terms and Conditions of applying for Study Leave

(Please read before signing)

1. I am aware that Study Leave/Funding applications should be always made prospectively. Barring exceptional circumstances (decided by DME), the period of notice for study leave should be six weeks.
2. It is my responsibility to arrange appropriate internal cover with colleagues or highlight the need for locum cover to the divisional Rota Co-ordinator.
3. It is my responsibility to ensure that all approvers have actioned their study leave/funding application on the Tracker2 study leave system before making and bookings/travel arrangements.
4. I am accountable for ensuring that any reimbursement claims made on Easy Expenses are submitted within 3 months from the course/conference date.
5. If I receive funding approval for a course and then do not subsequently claim monies via Easy Expenses, it is my responsibility to inform the Financial Department.
6. It is my responsibility to inform the Medical Education Department of any contractual changes which may affect my entitlement.

I confirm that I have read, understood and accept the terms and conditions outlined above. I also agree to abide and follow the Trust's Study Leave and Associated Expenses for Medical Staff policy.

Please note: the information you provide will only be used for the Study Leave purposes. Information will be held on the Tracker2 System and Study Leave database. Your consent to holding this information, required by the Data Protection Act, is assumed when you sign the membership form.

Signature:

Date:

For office use only:

Date		Received by	
Added to system (date & initial)			