

**Leave of Absence Application Form: Obstetrics and Gynaecology**

IMPORTANT*:*

This form *must* be submitted to your training coordinator, Royal College of Physicians of Ireland, *before* taking any Leave of Absence from the training programme.

All applications *must* be made *prospectively*. Sufficient time must be allowed for enquiries to be made *if* credit is to be awarded towards completion of Higher Specialist Training (HST).

**Trainee Details**

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| **Trainee name** |  |
| **RCPI number**  |  |
| **Current Year of Programme**  |  |
| **Year on programme at time of Leave** |  |
| **Date proposed for Leave to commence** |  |
| **Date proposed for Leave to finish** |  |

**Details of the type of Leave**

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| --- | --- |
| **Type of Leave**  | * **Maternity Leave**
* **Paternity Leave**
* **Parental Leave**
* **Exceptional Leave**
* **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Duration**  |  |
| **Date LOA form formally submitted to RCPI** |  |
| **Have you formally discussed the reasons for Exceptional Leave with the NSDs? (Exceptional leave cannot be granted unless approved by the NSDs)** | * **Yes**
* **No**
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**Rules of Leave of Absence**

* Any changes to the above proposals must be notified to the NSDs prospectively. Changes requested retrospectively will not be approved.
* During your time on Leave of Absence you must complete your Training intentions survey
* Please continue to attend any outstanding mandatory HST courses during your LOA if possible.
* If you go on a leave of absence while on OCPE you need to inform the NSDs.
* In the case of the Obstetrics and Gynaecology training programme the last six months of the scheme must be in a full-time clinical post on the training programme in Ireland.
* Exceptional Leave of absence must only be taken in exceptional circumstances only e.g., sick leave. This leave must be applied for prospectively, approved by the NSDs and acknowledged by the RCPI. It cannot be applied for retrospectively, and alterations to CSCST dates will be made at the time of approval only.

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| **Signature:** |
| I plan to take Leave of Absence as detailed, and I agree to the rules above. |
| Applicants Signature: |  |
| Date: |  |

**For office use only:**

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| **Decision:**  |
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| **National Specialty Director Approval:** |
| Total Training Credits (in months) approved: |  |
| Signature: |  |
| Date: |  |