



**APPLICATION FOR STUDY LEAVE**

Prior to completing and submitting this form to your Head of Department, please read the Study Leave Procedure. Once forwarded to your Head of Department they will add their comments before forwarding to the FPVC (or nominee) for consideration.

**SECTION A:** (To be completed by Academic)

Name:		Title:	
Post:		Date of Appointment:	
Department:		Dates of previous Study leave:	
Faculty:			
Dates of all previous periods of secondment/special leave taken:			

**SECTION B:** (To be completed by Academic)

**Proposed period of absence:**

From:	To:
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Please provide a full description of work to be undertaken detailing the 'fit' with your department/faculty strategic objectives:

## Summary of Objectives/Expected Outputs

*These could include: a list of intended publications (with dates/name of journal/publisher), grant applications (with potential income generation values), development of new techniques, IP, KT, collaborations etc. Please also record any potential difficulties/dependencies in achieving the above and your plans to mitigate/address them.*

## Financial Assistance:

List any sources of funding applied for, with outcomes, as well as other financial support anticipated

Applicants Signature:

Date:

## **SECTION C:** (To be completed by the Head of Department)

**ONLY ONE OF THE BELOW RECOMMENDATIONS TO BE MADE** (\* delete as appropriate):

1. \*I do recommend that the application is supported
2. \*I do not recommend that the application is supported (Please record your reasons for this in the 'Any Other Comments' box below).

<b>Name :</b>		<b>Date</b>	
<b>Signature :</b>			

**Reasons for recommending application including how it fits with overall department/faculty's strategic objectives:**

**Arrangements for covering departmental research, teaching, examination and clinical commitments, and supervision of research students, where appropriate, (including any cost implications)**

**Any other comments:**

**SECTION D:** (To be completed by the FPVC or Designate)

**\*I approve/do not approve\*\* the application for the reasons given below (\*delete as appropriate).**

<b>Name :</b>		<b>Date</b>	
<b>Signature :</b>			

**Where an application is not approved the FPVC (or designate) may wish to discuss the case with their HR Team. In all cases the application form should be retained within the Faculty for monitoring purposes, and uBASE updated where a period of study leave has been granted.**