

**SCHOOL OF MEDICINE LEAVE / ABSENCE FORM**

**(2018-19)**

Please download and complete a copy of this form. Do not update or amend the KLE version.

Please see the relevant Flow Chart on the KLE.

**If you are requesting leave to support School activities – see Section 9 of this form for guidance.**

If you have been asked to assist with a School event or attend a meeting etc. at very short notice please include the date of the request in Section 3a below.

Complete sections 1, 3a, 4 and 7 if you are reporting a lost / stolen / damaged Keele Card and include the date you requested a replacement card. Follow the correct procedure for reporting loss / theft / damage to/of your Keele card.

**DO NOT COMPLETE THIS FORM if you** have been ill, need emergency compassionate or carer’s leave, if you were late and missed the start of a session or want to request Flexible Leave.

**SECTION 1: CONTACT DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name / Enter Year of Study  (1, 2 etc.) | Name: | | | | Year: |
| Student email address/Mobile No. | Email: | | Tel: | | |
| Student Number (*8-digit number*) | Student Number: | | Block Speciality [e.g. Elderly Care] | | |
| Base Site *(Please indicate site)* | Keele | Shropshire | | Royal Stoke Hospital | |
| PBL/CBL/CIL Group No: | GP Placement Provider: | | | | |

**SECTION 2: REQUESTS FOR LEAVE / PERIOD OF ABSENCE** *(Insert extra rows if required)*

*Please enter when you would like to request leave, or tell us when you were absent. An example of how to complete this section is shown in “grey” below.*

*Unless you indicate otherwise, we will assume you wish to request a full day’s leave/absent for a full day (or night shift).*

*If making multiple requests for leave, please enter each set of dates on a separate line. Date format: DD/MM/YY.*

|  |  |  |  |
| --- | --- | --- | --- |
| **APPROVED Y/N** | **DATE (from)** | **DATE (to)** | **REASON** *Unless you indicate otherwise, we will assume full day/s* |
| *Example* | *10/02/16* | *10/02/16* | *Scheduled hospital clinic appointment – am only* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION 3a: REASON FOR YOUR ABSENCE or ADDITIONAL INFORMATION IN SUPPORT OF YOUR REQUEST** *(Self-expanding).*

*If you wish to request leave in order to present or attend a Conference, please* ***also*** *complete Section 3b.*

|  |
| --- |
| *\*Your Year Lead/Hospital Dean\* may want to meet with you to discuss your leave request in more detail.*  *\*Lost Keele Card – replacement requested, 4.10.18.*  …… |

**SECTION 3b: REQUESTS TO ATTEND or PRESENT at CONFERENCE** *(Insert extra rows if needed)*

Please state whether you wish to attend the Conference, or are giving an oral or poster presentation (or both). Remember, you can use flexible leave entitlement if you wish to attend a Conference.

|  |  |  |
| --- | --- | --- |
| **APPROVED**  **Y / N** | **DATES (from – to)** | **EVENT** |
|  |  |  |
|  |  |  |

**SECTION 4: TYPE OF ABSENCE** *(please enter an ‘x’ in the relevant box) – examples are provided in the ‘greyed out’ area below.*

|  |  |  |
| --- | --- | --- |
|  |  | **Some Examples:** |
| Requests to attend or present at a Conference |  | *Present my work at ASME, July 2017* |
| “Significant events” |  | *Planned clinic appointment or, where no flexible leave entitlement remains, to attend family wedding* |
| Religious Observance |  | *Request time to attend religious festivals* |
| Sporting Activities |  | *Representing the University at a national event* |
| Adverse weather conditions |  | *I live at Biddulph Moor. Roads were completely blocked by snow* |
| Jury Service |  | *Summons to attend received* |
| “Other” |  | *Lost Keele card*  *Transport problems resulting in a whole session missed* |
| Where you HAVE NOT previously declared an absence |  | *A GP placement provider has contacted us to say that you did not attend their placement, but you had not contacted us in advance to request leave* |

**SECTION 5: LOST LEARNING OPPORTUNITIES***(Insert extra rows if required)*

Your absence will result/will have resulted in lost learning opportunities. Please list all sessions you have missed/will be missing during your absence and any plans for remediation of lost learning opportunities you have discussed with your Unit/Block Lead or Clinical Supervisor. *An example of how to complete this section is* p*rovided in the ‘greyed out’ area below.*

If this has not been possible because your request is for leave which is a long way in advance, plans still need to have been discussed, and submitted to Teaching Support at your base site, at least 14 working days’ in advance of you going on leave, using an updated copy of your original leave request form. In this case, remediation plans will need to be discussed with the person who will be your Unit/Block Lead or Clinical Supervisor at the time of your leave.

|  |  |  |
| --- | --- | --- |
| **SESSION/S** | **PLAN TO MAKE UP LOST LEARNING** | |
| *e.g. bedside teaching/*  *lectures/lab sessions etc.* | *I have arranged with Dr…… to spend additional time in A&E over the weekend of the 27 & 28.06.16 (night shift)* | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
| **Date Plan Submitted** (DD/MM/YY) |  | |
| **Date Updated Plan Submitted** (DD/MM/YY) |  | |
| *Office use only\** | **TOTAL DAYS ABSENT SO FAR THIS ACADEMIC YEAR** |  |

**SECTION 6: STUDENT DECLARATION**

I understand that it is my responsibility to discuss remediation for any lost learning opportunities with my Unit/Block Lead or Clinical Supervisor at least 14 working days in advance of my leave taking place, and I understand that this requirement still exists even where I am requesting leave which is a long way in advance.

I understand that it is my responsibility to complete any part of this process within the given timescale, whether requesting leave or reporting regarding an absence.

I declare that the information I have stated on this form is correct and complete.

**SECTION 7: COMPLETING and SUBMITTING the FORM**

Please ensure that forms are submitted at least 14 working days before your leave takes place.

Forms should be submitted electronically. You are advised to retain a copy for your own records.

In order for this form to be submitted electronically and to be accepted by the School and University as a formal document, the form needs to include a digital signature. To ensure that this is the case, please follow the instructions shown below:

* TYPE your FULL NAME in the box provided
* Confirm your unique 8-digit student number
* Enter the date you are submitting the form
* Submit the form to Teaching Support staff at your base site, via your student email account.

Please note, forms returned via any other email account, or in person, will not be accepted.

**Full Name:**

**Student Number:**

**Date:**

**\***

**SECTION 8: APPROVAL / AUTHORISATION**

|  |  |  |
| --- | --- | --- |
| **Please indicate either “Y” (Approved) or “N” (Not Approved) in Sections 2 / 3B above** | | |
| **Date:** |  | |
| **Print Name:** | **Signature:** | |
| **Role:** | **Year Lead** | **Hospital Dean** |

**SECTION 9: SUPPORTING THE SCHOOL – when do I need to complete this form?**

**Form required**

Please note that the list is not exhaustive:

* Conferences – where you are presenting;
* Presentations on behalf of the School;
* Taking part in School focus groups etc;
* Attending academic interviews;
* Taking part in Medical Society Events (e.g. Paediatrics Cake Sale).

**No form required - but you will still need to tell us**

The list, though not exhaustive, is shown below:

* Taking part in Quality Assurance/Audit Visits (e.g. SIFT/HEWM);
* Attending Student Council or Staff/Student Liaison Committee (SSLC) meetings;
* Attending internal School meetings, such as Professional Development & Welfare Committee;
* Taking part in Student Away Days;
* Taking part in organised Student Feedback Sessions;
* Assisting with School Open or Visit Days;
* Assisting with School student interview days (MMIs).

**You will be expected to notify** your Unit/Block Lead/Clinical Supervisor/Session Lead/Lecturer or Placement Provider) that you will not be attending their session as you are assisting the School with their activities.

**You will also be expected to notify Teaching Support** at your base site when you are assisting with these sorts of events so that they know the reason for your absence should registers or log books indicate you were absent. Not only will it help Teaching Support ensure that your Record of Attendance is accurate and up-to-date, but it will also mean that they can ensure your absence is appropriately recorded and therefore accurately reflects the support that you have given to the School.

**Aware that plans can change at the last minute**, **please let** Teaching Support know if you are unable to assist the School as arranged and update your Unit/Block Lead/Clinical Supervisor/Session Lead/Lecturer or Placement Provider if things have changed.

\*