

**Thames Valley & Wessex
Dental Core and Dental Specialty
Study Leave Application Form**

National Training Number	
Training Programme/Specialty & Level	<p>DCT1 <input type="checkbox"/></p> <p>DCT2 <input type="checkbox"/></p> <p>DCT3 <input type="checkbox"/></p> <p>Dental Public Health <input type="checkbox"/></p> <p>Oral Surgery <input type="checkbox"/></p> <p>Special Care Dentistry <input type="checkbox"/></p> <p>Orthodontics <input type="checkbox"/></p> <p>Level (ST1, ST2, ST3):</p>
Trainee Name	
Programme Start Date	
Programme Finish Date	
Home Address	
Email	
Dental Practice/Hospital Address	
Full Time/Part Time (%)	

Course Name	<i>Retrospectively submitted forms will be rejected</i>	
Course Dates	From	To
Educational Need (from PDP)		
Approximate Cost of Course		

Trainee Signature:

Date:.....

Approved by Educational Supervisor		Date:	Please print name
Approved by Training Programme Director		Date:	Please print name
Approved by Dental Associate Dean <i>(this field is mandatory only if a course is not on the approved course list)</i>		Date	Please print name

Office use only:

Reviewed by HEE Education Programme Coordinator		Date	Please print name
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**All signatures to be on same page
No emailed forms accepted without signatures**

Download and print off copies of this form:

Please send completed forms to:

Dental.TV@hee.nhs.uk