FORM

# Leave from a College Program

## Purpose

This form is used for registrars to apply for Additional Leave as per the Leave from Training Policy or doctors in other College programs seeking leave.

AGPT Registrars applying for Parental Leave should use the Parental Leave Application form

Leave may be applied for when not working or undertaking work that is not able to count towards program requirements. Up to 12 months leave may be applied for at a time.

Registrars may apply for fee waiver or payment plan while on leave. See the Financial Hardship Policy.

## Personal details

| | |
|---|---|
| **Registrar name** | |
| **ACRRM membership number** | |
| **Date of application** | |

## Details of leave

| | |
|---|---|
| **Start date** | |
| **End date** | |
| **Reason for leave** | Choose an item: |

## Registrar declaration and signature

- ☐ I hereby declare that the information provided by me on this form is true and accurate.
- ☐ I understand I must maintain my College Membership and Training Support Fee whilst on leave unless alternative arrangements have been approved.
- ☐ I will notify my Training Program Advisor when returning from leave before the leave end date or apply for another period of leave.

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Signature

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Date

Please submit this form and any supporting evidence to your regional team:

| | |
|---|---|
| New South Wales/ACT | Training.nswact@acrrm.org.au |
| Northern Territory | Training.nt@acrrm.org.au |
| Queensland | Training.qld@acrrm.org.au |
| South Australia | Training.sa@acrrm.org.au |
| Tasmania | Training.tas@acrrm.org.au |
| Victoria | Training.vic@acrrm.org.au |
| Western Australia | Training.wa@acrrm.org.au |

## Office use only

**List all previous leave**

| Leave Start Date | Leave End Date | Duration | Reason |
|---|---|---|---|
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|---|---|
| **Training Program Advisor name** | |
| **Comments** | |
| **Recommended Category** | |
| **Date** | |

| | |
|---|---|
| **Medical Educator name** | |
| **Comments** | |
| **Category** | |
| **Approved** | Yes ◯ No ◯ |
| **Date** | |

| | |
|---|---|
| **Regional Director of Training name** | |
| **Comments** | |
| **Category** | |
| **Approved** | Yes ◯ No ◯ |
| **Date** | |