# Study leave claim form – Dental Joint Training

|  |
| --- |
| Notes* To be used by Dental Joint Training applicants in Lead Employer arrangements
* Please complete **one form per activity**
* The form needs to be completed electronically
* Only expenses estimated on the initial application will be considered
* Standard rates are outlined in the [Study Leave policy](http://www.eastmidlandsdeanery.nhs.uk/policies/Study_Leave/Mainpage)
* Ensure to provide receipts and proof of attendance
* Email the completed form along with the evidence to england.studyleave.em@nhs.net
* All claims need to be submitted **within 8 weeks** of finishing study leave or receiving approval on Accent Leave Manager, as per the [Study Leave policy](http://www.eastmidlandsdeanery.nhs.uk/policies/Study_Leave/Mainpage)
 |

|  |
| --- |
| **ADMIN USE ONLY** |
| 🗸 Form and receipts checked |       |
| 🗸 Total amount of claim is in line with original approved application  |       |
| 🗸 Expense record updated on Accent Leave Manager |       |
| 🗸 Admin: Keep this form and receipts on file  |       |
| **Notes:**       |

|  |
| --- |
| **APPLICANT INFORMATION** |
| **Surname** |       | **First Name** |       |
| **GDC Number** |       |

|  |
| --- |
| **ACTIVITY DETAILS** |
| **Activity Title** |       |
| **Venue** |       |
| **Dates** | FROM:       | TO:       |

|  |  |
| --- | --- |
| **CLAIM PART 1: ACTIVITY FEES (Exam fees are not reimbursed)** | **AMOUNT CLAIMED** |
| **Fee** |       | £      |

|  |  |
| --- | --- |
| **CLAIM PART 2: TRAVEL EXPENSES** | **AMOUNT CLAIMED** |
| **Mileage** | FROM:       | TO:       | **£**      |
| **Number of miles claimed** |       | **@ 30p a mile =** | £      |
| **Public transport** |       |  |  | **£**      |
| **Car park fees** |       |  |  | **£**      |

|  |  |
| --- | --- |
| **CLAIM PART 3: SUBSISTENCE** | **AMOUNT CLAIMED** |
| **Accommodation** |       | **£**      |
| **Meals** |       | **£**      |