

**DIVISION OF MEDICINE
FORMAL LEARNING PROGRAMME
APPLICATION FOR LEAVE OF ABSENCE**

Name of Registrar **Part 1 programme / Part 2 programme** (strike out as necessary)

In which rotation

Date of tutorial missed

REASON FOR ABSENCE

Please tick the box which applies and provide the details requested. A consultant signature is required for items 2 and 3. Return this certificate to Ms Precious Sibiyi.

1. ILLNESS

I request to be excused from the tutorial on the grounds of illness.

I **was / was not** absent from work on this day because of illness. (strike out as necessary)

2. CLINICAL DUTIES

I request to be excused from the tutorial on the grounds that I could not be released from my hospital to attend the tutorial

Provide an explanation

Provide a consultant's signature

I confirm that this registrar could not be released from his/her clinical duties for the tutorial.

Consultant's name Date Signature

3. POST-CALL

I request to be excused from the tutorial on the grounds that my night call the previous night was so onerous that attendance at the tutorial at 3 pm would constitute an unreasonable expectation.

Provide a consultant's signature

I confirm that this registrar had experienced a heavy night call and could not be released in time to rest before the tutorial.

Consultant's name Date Signature

4. LEAVE

I was on approved leave.

5. OTHER

I request to be excused from the tutorial on the following grounds:

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SIGNATURE OF REGISTRAR

Date Signature