

GP Trainee Study Leave Expenses Claim Form

Please e-mail to GPStudyLeave.wm@hee.nhs.uk along with scanned copies of receipts, all claims must be made within 1 month of the event

| Personal Details | | | |
|---------------------------|--|---|--|
| First Name | | Contact Telephone | |
| Surname | | Contact E-mail | |
| GMC Number | | GPVTS Scheme | |
| National Insurance Number | | Reference <small>For internal use only</small> | |

| Leave Details | | | |
|------------------------------------|--|--|--|
| Date from | | Date to | |
| Total Number of days | | This course is outlined in my ePortfolio PDP | |
| Type of course | | | |
| Title , venue and course organiser | | | |
| Location (i.e. city and country) | | | |

| Expenses | | | |
|---|--|-----------------------------|----------------------|
| Please select below which expenses you wish to claim for | | Please enter all costs here | |
| Type of travel – mileage costs are paid at £0.45 per mile | | Number of miles | Cost (miles x £0.33) |
| | | | |

| | | |
|--|--|--|
| Course / Conference fee | | |
| Subsistence (to a maximum of £20 per day) and Accommodation (to a maximum of £100 for London and £55 for all other destinations) | | |
| Number of nights accommodation | | |
| TOTAL VALUE OF CLAIM | | |
| <p align="center">DETAILS OF CLAIM (ALL CLAIMS MUST BE ACCOMPANIED BY RECEIPTS) Where there is no receipt a full written explanation must be attached Please read the guidance notes you obtained along with this claim form very carefully. Health Education England reserves the right to reimburse the cheapest option wherever relevant.</p> | | |

| | |
|--|--|
| Claimant Declaration | |
| I declare that the expenses claimed hereunder were necessarily incurred by me in attending the above event and are in accordance with the conditions governing the payment of travelling expenses attached. I understand that any fees are paid gross and that I am responsible, where appropriate, for declaring this income for tax purposes. By submitting this form you are agreeing to this declaration declaration | |
| Name: | |
| Date: | |
| | |

| | |
|---|--|
| Clinical or Educational supervisor approval | |
| I regard this course activity as part of core training | |
| I support this application: | |
| Other comments / If application is not approved please provide reasons | |
| | |
| Full Name: | |
| GMC Number: | |
| Date: | |

HEE approval

This activity is recognised as part of core GP training

I support this application:

Date:

For trainees who are nearing the end of their training period claims must be submitted a minimum of 2 months in advance of your completion date to ensure enough time is available to reimburse your claim.