**STUDY LEAVE FORM**

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| **Name:** |  |
| **Course Title:** |  |
| **Date/s of Course:** |  |
| **Time required to attend Course:**  |  |

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| **Aim of Course** |
|  |
| **Learning Objectives** |
|  |
| **Funding Requested – Yes/No** |
|  |

Authorised by: ………………………………..

**Please return for the attention of the CHIEF EXECUTIVE**