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| **OXFORD UNIVERSITY HOSPITALS NHS TRUST** |

**Oncology and Haematology**

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| **Consultant and SpR Leave request form** |

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| Name | Click here to enter text. | Date Requested | Click here to enter a date. |

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| Approved By: | Click here to enter text. | Date Approved  | Click here to enter a date. |
| *Consultant leave to be approved by Clinical Lead* /*Registrar leave to be approved by the consultant supervising rotation during leave* |

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| Leave Dates | From: Click here to enter a date. | To | Click here to enter a date. |
| Leave Type | Choose an item. | Comments | Click here to enter text. |

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| Leave Dates | From: Click here to enter a date. | To | Click here to enter a date. |
| Leave Type | Choose an item. | Comments | Click here to enter text. |

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| *Clinicians are responsible for ensuring any on calls scheduled during the leave period are swapped**Study leave requests must be accompanied by a screen shot of completed statutory /mandatory training and Trust study leave request form. Study leave funding must be approved by Directorate Finance manager (Consultants ) or Dean (Registrars) and signed off by Clinical Director before submitting a request* |

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| Alden cover (name) | Click here to enter text. |

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| Clinic Adjustments  |
| *At least 6 weeks’ notice must be given to cancel clinic lists* |

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| OUH Outpatient Clinics  |
| Date | Name of Clinic | Action Required | Doctor covering if appropriate  |
| Click here to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. |

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| DGH Clinics |
| Date | DGH | Action Required | Doctor covering if appropriate |
| Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. |
| Click here to enter a date. | Choose an item. | Choose an item. | Click here to enter text. |

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| Radiotherapy planning clinics  |
| Date | Action Required | Clinic Arrangements | FRCR Part 2 Cover |
| Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter text. |

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| Day Treatment Unit  |
| Date | Name of Clinic | Action Required | Doctor covering if appropriate  |
| Click here to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. |

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| Consultants must complete the leave summary sheet for sign off by clinical lead as well as this form. Once the form is completed, email to secretary to process electronically |
| Additional Comments | Click here to enter text. |