

## LEAVE REQUEST FORM

- Please discuss your leave requirements with your QARTS Rotational Supervisor (ROT) prior to submitting this request.
- Complete the form in full and **email to QARTS** for formal consideration and processing.  
**qarts@anzca.edu.au**
- Three months notice to be given to the Committee except in exceptional circumstances.

	I confirm I have discussed this request with my Rotational Supervisor (ROT) <i>(tick box to confirm)</i>
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**PLEASE USE BLOCK LETTERS AND PRINT CLEARLY**

Surname		Given Names	
Address			
Suburb		Postcode	
Mobile		Other Phone	
Email Address			
Current Hospital			
Current Rotation <i>(tick one)</i>	<input type="checkbox"/> Central	<input type="checkbox"/> Gold Coast	<input type="checkbox"/> Northern <input type="checkbox"/> Southern

Leave requested <i>(dates inclusive)</i>	From <small>dd/mm/yyyy</small>	To <small>dd/mm/yyyy</small>	Total Months
Reason for leave <i>(please tick)</i>	<input type="checkbox"/> Maternity	<input type="checkbox"/> Not completed the Primary Exam	
	<input type="checkbox"/> Family Issues	<input type="checkbox"/> Study Time	
	<input type="checkbox"/> Other <i>(please describe)</i>	<input type="checkbox"/> Training Overseas	
	Comments to support my request		
Signature		Date	

**OFFICE USE ONLY**

<b>Date</b>		<b>Date</b>	
	Request received by QARTS		Received by ROT
ROT Comments			
ROT to send to Committee Chair/Regional Coordinator for approval/non approval			
<b>Committee Chair/Regional Coordinator</b>		Signature	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved		
Send to QARTS for processing			
		Received by QARTS for processing	Trainee Grid Updated
		Approved/Not Approved Letter Sent	Letter and Request Filed