

APPLICATION FOR CONFERENCE/TRAINING LEAVE

**PLEASE INDICATE
CURRENT HEALTH
SERVICE:**

- NORTHERN HEALTH** (The Northern Hospital, BHS, BECC)
- MELBOURNE HEALTH** (The Royal Melbourne Hospital, MECRS, Dialysis Program, Shared Services, VIDRL, North Western Mental Health)
- WESTERN HEALTH** (Western Hospital, Sunshine Hospital, Williamstown Hospital)

To be completed by the employee and referred to your head of department. Please ensure relevant sections are completed and appropriate boxes are checked. PLEASE PRINT CLEARLY.

EMPLOYEE DETAILS:

Surname: _____ Other Names: _____

Employee Number: _____ Department: _____ Cost Centre: _____

Campus: _____ Contact Number: _____

EMPLOYEE STATUS:

Full time: Part time: Sessional: Casual:

Number of hours worked per fortnight: _____

TOTAL WORKING HOURS ABSENT:

First date of leave: _____ Last date of leave: _____

Resume duties on: _____ Total leave hours applied for: _____

DETAILS OF CONFERENCE/TRAINING FOR WHICH LEAVE IS BEING REQUESTED

DATE	LOCATION	CONFERENCE/TRAINING

Are you delivering a paper? Yes No

How will the Health Service benefit from your attendance at the conference/training course?

Will you deliver a presentation/ submit a written report within 4 weeks of return, as per policy requirements? Yes No

CONFERENCE LEAVE GRANTED BY NORTH WESTERN HEALTH IN THE LAST 2 YEARS

DATE	DURATION	DETAILS

Employee signature: _____ Date: _____

Department Manager: _____ Date: _____

Actioned by Payroll Services: _____ Date: _____