



APPLICATION FOR LEAVE OF ABSENCE

FOR LEAVE OTHER THAN NORMAL REC LEAVE AND LONGER THAN 4 WEEKS

Name: _____

Date from: _____ Date to: _____

Type of leave being taken:

Travel/Recreational

Parental

Illness/Compassionate

Working (e.g. *Medicine sans Frontiers*, etc)

Other (Please attach a letter detailing special circumstances for leave longer than 6 weeks)

Please note: If taking travel/recreational leave, then please leave NTGPE with the address of another contact person (i.e., parents, next of kin, etc.)

Please provide NTGPE with your contact numbers and mailing address, whilst you are on leave. It is essential for us to be able to contact you in cases of emergency.

Phone Number: _____ Mobile Number: _____

Email Address: _____

Postal Address: _____

Notes:

1. For appropriate data entry, leave must be arranged prospectively.
2. Leave of absence will NOT be approved for unsupervised work in general practice.

Signature: _____ Date: _____

IRIS: _____ Date: _____

NTGPE Office

This form needs to be returned to:
Att: Christine Heatherington-Tait GPR Program Coordinator
Northern Territory General Practice Education *Limited*
PO Box U 179, Charles Darwin University NT 0815
Fax: 08 8946 7077 Email: christine.heatherington-tait@ntgpe.org