

Conference / Official event leave application form (MBBS students)

1. Submit the completed form to the Site Administrators* at the site where you will be taking the leave.
Initial approval must be given by the Year coordinators.

PLEASE NOTE: This is an application form only and **does not** constitute approval – you will be notified via your Monash Student e-mail account as soon as a decision is known. Please ensure that all required documentation is submitted with your application form to prevent lengthy delays in processing.

Approval does not constitute funding, a separate approval has to be obtained for funding, please refer to the application for student subsidy of conference / official event form.

Applications MUST be received no later than four weeks prior to your requested leave. Late applications will not be assessed.

Section 1: Student Details

Monash ID: _____ Current year of Medical Course: _____

Family name: _____ Title: _____

Given Name: _____

Mailing Address: _____

Email Address: _____ Contact Phone No: _____

Section 2: Conference/ Event Details

Name of Conference/Event: _____

Location: _____

Requested Leave Period: Start date: _____ Return date: _____

BRIEF description of the conference/event and why you feel your attendance will benefit your MBBS studies:

***Site Administrators:**

Year 1 & 2: Course Managers/ Course Executives

Year 3 – 5: Clinical Site Coordinators

Are you presenting or submitting a poster at this conference/event (please tick) Yes No
If yes, please indicate if you are presenting or submitting a poster, and provide a brief description of the submission:

Please supply a website should we wish to view further information about this conference/event:

All students requesting conference/event leave are asked to submit a Study Management Plan that details how you intend to make up for missed academic content during your absence. Please complete Section 4 below have your plans signed off by your supervisor and submit with this application.

Student Declaration:

I declare that the information supplied on this form and the information given in support of my application is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may be considered a professional misbehavior.

Signature: _____ Date: _____

Section 3: Staff Use Only

CLINICAL SITE COORDINATORS / COURSE MANAGEMENT OFFICE

Documentation submitted:

Application: Accepted Not Accepted

Comments (only required if permission is not given)

Name : _____

Authorised Signature: _____ Date of approval: _____

