



School of Radiology  
Health Education  
North West

**NW RADIOLOGY ACADEMY  
LEAVE FORM FOR ACADEMY TRAINEES (ST1)**

Name: .....

Dates of leave:

Annual leave	
Study leave *(see note below)	
Other leave	

Trainee Signature: .....

TPD Signature: .....

Please email this form to Marion Philbin ([marion.philbin@christie.nhs.uk](mailto:marion.philbin@christie.nhs.uk)) for approval by Dr Kearney (TPD).

(\* Note: For Study Leave, trainees must also complete the HEENW Study Leave Form)