# Application for leave from the Academic Post Program

|  |
| --- |
| **PERSONAL DETAILS** |
| First name: |
| Surname: |
| RACGP ID: |
| RTO name: |
| University name: |
| Academic Post year: |
| **LEAVE DETAILS** |
| Indicate the type of leave you wish to apply for:  Legislative leave  Extenuating and unforeseen circumstances |
| Please provide a summary of the reasons for your leave request: |
| Proposed leave start date (DD/MM/YY): |
| Proposed leave end date (DD/MM/YY): |
| Proposed revised end date for AP program if required (DD/MM/YY): |
| **SUPPORTING EVIDENCE** |
| Evidence to support the leave request may include, but is not limited to, medical certificates from appropriate specialists, statutory declarations, deployment documentation, evidence of bereavement etc. as appropriate.  *\*Evidence* |
| **SUPPORTING DOCUMENTATION** |
| Evidence to support leave request\*  Plan for management/cover of teaching and research obligations for duration of leave  Letter of support from medical educator  Letter of support from university supervisor  Plan for completion of mandatory University activities following return from leave |