# Application for leave from the Academic Post Program

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| **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 |