Conference Leave Application form  
(Year 5/D MBBS students)  

1. Submit the completed form to the Clinical Site Administrator at the site where you will be taking the leave. Initial approval must be given by the Director of Clinical Teaching at this site. 

2. Forward the signed form to the faculty for final approval. 

Central students:  
Email: mbbsadmin.year5@monash.edu  
Mail: Year 5 MBBS Administrator, Building 15, Monash University, Clayton, Vic 3800. 

GMS students:  
Email: Judith.Embleton@monash.edu  
Mail: Student Services Manager, Building 3W, Gippsland Campus, Northways Rd, Churchill, Vic 3842 

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.

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

Section 1: Student Details 

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<thead>
<tr>
<th>Monash ID</th>
<th>Current year of Medical Course</th>
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<table>
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<tr>
<th>Family name</th>
<th>Title</th>
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<table>
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<th>Given Name</th>
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<table>
<thead>
<tr>
<th>Mailing Address</th>
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<table>
<thead>
<tr>
<th>Email Address</th>
<th>Contact Phone No</th>
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Section 2: Conference Details 

<table>
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<th>Name of Conference</th>
<th>Location</th>
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<th>Requested Leave Period</th>
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<td>Start date: _______</td>
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BRIEF description of the conference and why you feel your attendance will benefit your MBBS studies: 

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

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___________________________________________________________________________________________

___________________________________________________________________________________________
Are you presenting or submitting a poster at this conference (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:
____________________________________________________________________________________

All students requesting conference 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 plan 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 result in the withdrawal of approved Conference Leave.

Signature: ____________________________  Date: ____________________________

Section 3: Staff Use Only

CLINICAL SITE
Documentation submitted: □
Accept Application: □  Reject Application: □
Comments: ______________________________________________________

Authorised Signature: ____________________________  Date of approval: ______________

FACULTY
Documentation submitted: □
Accept Application: □  Reject Application: □
Comments: ______________________________________________________

Authorised Signature: ____________________________  Date of approval: ______________

Recorded in attendance log: □  Student notified: □
(cc CSA)  Copy (electronic if possible) to student file: □
(via MBBS Student Services )

Processed by: ____________________________  Date: ____________________________
Section 4: Study Management Plan

Monash ID: _____________________________  Current year of Medical Course: _______

Name: _________________________________________________________

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Supervisor Signature:               Date of approval: