**Declaration of Absence from Basic Training**

*(Absence would include all forms of absence such as sickness, maternity, paternity, compassionate paid/unpaid leave etc., except study leave or annual leave or prospectively approved full-time research program)*

□ I declare that I have not been absent from training for more than total of 90 calendar days during the period of my Basic Specialist Training.

* I have taken more than 90 calendar days of absence in total during the period of my Basic Specialist Training. The duration of my absence from training in excess of 90 days is \_\_\_\_\_\_\_\_\_\_\_\_ calendar days, and the adjustment to my training requirement is as follows:-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Trainee’s signature) (Date)

*Endorsed by:*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Training Head’s signature) (Date)

**Declaration of Absence from Higher Training**

*(Absence would include all forms of absence such as sickness, maternity, paternity, compassionate paid/unpaid leave etc., except study leave or annual leave or prospectively approved full-time research program)*

□ I declare that I have not been absent from training for more than total of 60 calendar days during the period of my Higher Specialist Training

* I have taken more than 60 calendar days in total of absence during the period of my Higher Specialist Training. The duration of my absence from training in excess of 60 days is \_\_\_\_\_\_\_\_\_\_\_\_ calendar days, and the adjustment to my training requirement is as follows:-

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Trainee’s signature) (Date)

*Endorsed by:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Training Head’s signature) (Date)