**Backing Sheet for Study Leave Claim Form**

Name:

GMC Number:

ST Year:

GP Programme:

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| --- | --- | --- | --- | --- |
| **Date** | **Course Attended** | **Travel @ public transport rate** **(24p per mile)** | **Course Fee** | **Total Cost inc travel** |
| *Example: 4.2.13* | *Paediatric Life Support* | *15 miles =**£3.60* | *£150* | *£153.60* |
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**Total amount claimed: £…………….**