



Association of Anaesthetists

Change in Circumstances - Parental leave application (confidential)

The information you provide will be treated in confidence and used only for the purpose of reviewing your application.

Please tick the statement which applies to you:

Maternity Leave

Parental Leave

Adoption Leave

Personal Details

Title	
First name	
Surname	
GMC/IMC number	
Association Membership Number	
Contact Address	
Telephone Number	
E-mail Address	
Name of employer. E.g. Hospital/Trust	
Job Title	
Period of Absence	From: _____ To: _____

I can confirm all the information provided in this application form, together with any other information that I may provide during the course of my application, is true and accurate to the best of my knowledge and belief by ticking this box.

Date

Administration use only

Date application Received	Date application processed	By: _____
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Please save a copy and email the form to membership@anaesthetists.org