## *Form R (Part A)*

## Trainee registration for Postgraduate Specialty Training

**IMPORTANT:**  If this form has been pre-populated by your Deanery/LETB, please check all details, cross out errors and write on amendments. ***By signing this document you are confirming that ALL details (pre-populated or entered by you) are correct.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename** |  | **GMC-registered surname** |  |
| **GMC Number** |  | **Deanery / LETB** |  |
| **Date of Birth:** | **Gender:** | *{If newly registering,* *attach passport-sized* *photo of face here}* |
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| **Primary Qualification and date awarded:**  |

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| **Medical School awarding primary qualification** (name and country): |
| **Current Home Address:** **Home Phone / Mobile:** | **Current Work Address:****Work Phone / Mobile:** |
| **Preferred email address for all communications:** |
| **Immigration Status:**(e.g. resident, settled, work permit required)   | **Post Type or Appointment:**(e.g. LAT, Run Through, core trainee, FTSTA etc.)  |
| **Programme Specialty:****GMC Programme Approval Number:**(to be completed by Postgraduate Dean) **Deanery Reference Number:**(to be completed by Postgraduate Dean) | **National Training Number:** (to be completed by Postgraduate Dean on first registration)  |
| **Please tick only one of these three options :****I confirm I have been appointed to a programme leading to award of CCT** [ ] **I confirm that I will be seeking specialist registration by application for a CESR** [ ] **I confirm that I will be seeking specialist registration by application for a CEGPR** [ ]  |
| **Specialty 1 for Award of CCT (if applicable):** **Specialty 2 for Award of CCT (if applicable):** |
| **Provisional CCT Date** (or CESR/CEGPR where applicable)**, if known:** | **Royal College/Faculty assessing training for the award of CCT** (if undertaking full prospectively approved programme)**:** |
| **Initial Appointment to Programme** (Full time or % of Full time Training)**:**  | **Date of Entry to Grade/Programme** (Substantive date started in Programme of appointment)**:**  |
| I confirm that the information above is correct. |
| **Trainee Signature :** |  | **Date:** |  |
| **Signature of Postgraduate Dean or representative of PGD:***(\*for Deanery/LETB use only upon return)* |  | **Date:** |  |