## *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}* | | |
| |  | | --- | | **Primary Qualification and date awarded:** | | | | | | | | |
| **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:** |  |