

Form R (Part A)

Trainee registration for Postgraduate Specialty Training

IMPORTANT:					
<p>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.</p> <p>It remains your own responsibility to keep your Designated Body, and the GMC, informed as soon as possible of any change to your contact details. Your Deanery/LETB remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under 'My Revalidation'.</p>					
Forename:		GMC-registered surname:			
GMC Number:		Deanery / LETB:			
Date of Birth:		Gender:		Immigration Status:	
				(e.g. resident, settled, work permit required)	
Primary Qualification:			Date awarded:		
Medical School awarding primary qualification (name and country):					
Home Address:			Contact telephone:		
			Contact mobile:		
			Preferred email address for all communications:		
Please tick <u>only one</u> of these six options:			Programme Specialty:		
I confirm I have been appointed to a programme leading to award of CCT.		<input type="checkbox"/>		Specialty 1 for Award of CCT (if applicable):	
I confirm that I will be seeking specialist registration by application for a CESR.		<input type="checkbox"/>		Specialty 2 for Award of CCT (if applicable):	
I confirm that I will be seeking specialist registration by application for a CESR CP.		<input type="checkbox"/>			
I confirm that I will be seeking specialist registration by application for a CEGPR.		<input type="checkbox"/>		Royal College/Faculty assessing training for the award of CCT:	
I confirm that I will be seeking specialist registration by application for a CEGPR CP.		<input type="checkbox"/>		(if undertaking full prospectively approved programme)	
I confirm that I am a core trainee, not yet eligible for CCT.		<input type="checkbox"/>		Anticipated completion date of current programme, if known:	
Grade:	Date started:	Post Type or Appointment:		Full time or % of Full time Training:	
		(e.g. LAT, Run Through, higher, FTSTA)		(e.g. Full Time, 80%, 60%)	
By signing this form, I confirm that the information above is correct and I will keep my Designated Body, and the GMC, informed as soon as possible of any change to my contact details.					
Trainee Signature:					Date:
<small>Please click here for further guidance on signing with a digital signature</small>					
FOR DEANERY/LETB USE ONLY					
National Training Number:		GMC Programme Approval Number:		Deanery Reference Number:	
Signature of Postgraduate Dean or representative of PGD:					Date:

{If newly registering, click here to attach passport-sized photo of face}