

GUIDANCE - 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	Mandatory	GMC-registered surname	Mandatory
GMC Number	Mandatory	Deanery / LETB	Health Education East of England
Date of Birth: Mandatory		Gender: Mandatory	
Primary Qualification and date awarded: Mandatory			Mandatory <i>Attach passport-sized photo of <u>face</u> here</i>
Medical School awarding primary qualification (name and country): Mandatory			
Current Home Address: Mandatory		Current Work Address: Mandatory	
Home Phone / Mobile: Highly recommended		Work Phone / Mobile: Highly recommended	
Preferred email address for all communications: Mandatory			
Immigration Status: (e.g. resident, settled, work permit required) Mandatory		Post Type or Appointment: (e.g. LAT, Run Through, core trainee, FTSTA etc.) Mandatory	
Programme Specialty: Mandatory		National Training Number: (to be completed by Postgraduate Dean on first registration)	
GMC Programme Approval Number: (to be completed by Postgraduate Dean)		Please tick <u>only one</u> of these three options : Mandatory, Please tick <u>one</u> of the following boxes. I confirm I have been appointed to a programme leading to award of CCT <input type="checkbox"/> I confirm that I will be seeking specialist registration by application for a CESR <input type="checkbox"/> I confirm that I will be seeking specialist registration by application for a CEGPR <input type="checkbox"/>	
Deanery Reference Number: (to be completed by Postgraduate Dean)			
Specialty 1 for Award of CCT (if applicable): Mandatory Specialty 2 for Award of CCT (if applicable): Mandatory if applicable			
Provisional CCT Date (or CESR/CEGPR where applicable), if known: Mandatory		Royal College/Faculty assessing training for the award of CCT (if undertaking full prospectively approved programme): Mandatory	
Initial Appointment to Programme (Full time or % of Full time Training): Mandatory		Date of Entry to Grade/Programme (Substantive date started in Programme of appointment): Mandatory	
I confirm that the information above is correct.			
Trainee Signature :		Mandatory	Date: Mandatory
Signature of Postgraduate Dean or representative of PGD: <i>(*for Deanery/LETB use only upon return)</i>			Date:

Please return this form once completed to:
Programme & Information Team – Registration Form
Health Education East of England
2-4 Victoria House
Capital Park, Fulbourn
Cambridge CB21 5XB