

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.</p> <p>By signing this document you are confirming that ALL details (pre-populated or entered by you) are correct. 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: | HEE working across the North West |
| 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%) |

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

| <p>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.</p> | | | |
|---|---------------------------------------|----------------------------------|--|
| Trainee Signature: | | Date: | |
| FOR DEANERY/LETB USE ONLY | | | |
| National Training Number: | GMC Programme Approval Number: | Deanery Reference Number: | |
| | | | |
| Signature of Postgraduate Dean or representative of PGD: | | Date: | |