

Form R (Part A)

Trainee registration for Postgraduate Specialty Training

IMPORTANT:

If this form has been pre-populated by your Deanery/HEE local team, 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.

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/HEE local team remains your Designated Body throughout your time in training. You can update your Designated Body on your GMC Online account under 'My Revalidation'.

Forename:		GMC-registered surname:	
GMC Number:		Deanery / HEE local team:	
Date of Birth:	Gender:	Immigration Status:	
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.		Specialty 1 for Award of CCT (if applicable):	
I confirm that I will be seeking specialist registration by application for a CESR.		Specialty 2 for Award of CCT (if applicable):	
I confirm that I will be seeking specialist registration by application for a CESR CP.			
I confirm that I will be seeking specialist registration by application for a CEGPR.		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.			
I confirm that I am a core trainee, not yet eligible for CCT.		Anticipated completion date of current programme, if known:	
Training Grade:	Date started:	Post Type or Appointment:	Full time or % of Full time Training:
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:
FOR DEANERY/HEE USE ONLY			
National Training Number:	GMC Programme Approval Number:		Deanery Reference Number:

*{If newly registering,
attach passport-sized
photo of face here}
Acrobat reader DC
only*