**Anaesthetist in Training Registration Form**

**Specialty Registrar Training**

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS USING BLACK INK**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **College Reference Number** | | | | | | |  | **GMC number** | | |  | **FOR OFFICIAL USE ONLY**  **Registration month:** -  **Signature of RCoA Official:** -  **Date registered:** - |
| 6 digit number | | | | | | |  | 7 digit number | | |
| **National Training Number (if known)** | | | | | | | | | | |
| \* \* \* | **/** | **0** | **9** | **1** | **/** | \* \* \* \* \* \* \* | | | **/** | \* |
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## Section A: Personal Details

### Please give all names in full EXACTLY as they appear in the GMC register

Surname: Click here to enter your details

Forename(s): Click here to enter your details

Date of birth: Click or tap to enter a date Gender: Choose an item

#### Permanent UK address for correspondence:

Address Line 1: Click here to enter your details

Address Line 2: Click here to enter your details

Address Line 3: Click here to enter your details

Town/City: Click here to enter your details

County: Click here to enter your details

Postcode: Click here to enter your details

Telephone number (p*lease include dialling code)*: Click here to enter your details

Home or work number?

Email address: Click here to enter your details

**Membership Engagement Panel**

The Membership Engagement Panel is an online virtual panel of membership that receive surveys and opportunities to share feedback to the College and help us shape future strategy and work.

I am interested in being part of the Membership Engagement Panel

## Section B: Primary Qualifications

Primary Medical Qualification: eg BM BS, MB ChB, etc.

Full name of conferring University/Medical School: eg University of…

Date of graduation: Click or tap to enter a date.

## Section C: Your new training post

**Programme:** Please choose

**Commencing year:** Please choose

Date of commencement of current training year: Click or tap to enter a date

School of Anaesthesia: Choose an item

Is your current post less than fulltime? Please choose

If yes, please indicate the percentage of whole time equivalent you are contracted to work per week: Choose an item.

FRCA Primary date (If applicable): Click or tap to enter a date

FRCA Final date (If applicable): Click or tap to enter a date

**Section D: Postgraduate Professional Training**

Please list in chronological order (earliest position on the top line) all the professional appointments which you have held since you passed the final qualifying examinations for your primary medical qualification. If necessary continue on a separate sheet, ensuring that it is securely stapled to this form.

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| --- | --- | --- | --- | --- | --- |
| **Grade or title of post** | **Fulltime/ flexible**  (including % WTE) | **Substantive/ Locum/ Temp** | **Specialty** | **Name of Hospital or Medical School**  (Please also give town and country) | **Dates of commencement and completion** (DD/MM/YY-DD/MM/YY) |
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NB This form can be edited in this version, in order to create new rows you can hit the tab key in the bottom right hand cell to create new rows

**Section E: Declaration**

**PLEASE NOTE THAT FORMS WHICH HAVE NOT BEEN CHECKED AS INDICATED BELOW WILL BE RETURNED**

**If you are already registered with the College for training, or as a Member, please indicate your College Reference Number here:**

this is a six digit number

By submitting this form I wish to register for specialty registrar training and declare that I am eligible to do so. I undertake to give the RCoA Training Committee prospective notice of any change in my training programme.

**I can confirm that the details submitted in this form are correct; I understand that the submission of incorrect information may invalidate my registration with the RCoA.**

Payment is not required on application as we will invoice you in due course. Please return the original direct debit mandate in the post – copies are not accepted.

**Please return the form and supporting documents to the Membership Department via the address at the bottom of the page.**

**Data Protection Statement**

The Royal College of Anaesthetists (RCoA) is fully committed to the principles of data protection, as set out in the General Data Protection Regulation (GDPR). The RCoA relies on legitimate interests as the lawful basis for processing of personal data. We process and maintain personal data about you so that we can manage your membership, provide you with appropriate products and services and share information with you about RCoA activities.

The information provided on this form will be processed and shared with those involved in the delivery of your training, namely Regional Advisors, College Tutors, Postgraduate Deans and relevant deanery staff and the GMC. Sharing of the data in this way is necessary for you to progress through the RCoA CCT Training Programme.

We will only use your information for the purposes as described and will not pass on your details to other third parties unless you have given us consent to do so.

We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.

You have the right to ask for a copy of the information we hold about you and to have any inaccuracies in your information corrected. If you have any questions about data protection or require further information, please email [membership@rcoa.ac.uk](mailto:membership@rcoa.ac.uk).

**Equal Opportunities Monitoring Form**

The Royal College of Anaesthetists is committed to equality of opportunity and promoting diversity.

To help us monitor the effectiveness of our Equal Opportunities Policy, we would be grateful if you can complete the questions on this monitoring form and return it to The College representative who has provided this form. The information you provide will be treated in strictest confidence under the Data Protection Act 1998.

**PLEASE NOTE:** If you have provided the below information previously and your details have not changed, you are not required to complete this form unless you are applying for a job vacancy.

Thank you for your assistance.

College Reference Number (if applicable): Click here to enter your details

Post applied for (if applicable): Click here to enter your details

**Your age band:** Please choose

**Your ethnic group:** Please choose.

The ethnic groups are based on the Census 2011 categories.

**Your gender:** Please choose

**Your religion or belief:** Please choose

**You sexual orientation:** Please choose

**Do you consider yourself to have a disability according to the terms given in the Equality Act 2010?**

Please choose

The Equality Act 2010 protects people with disabilities. The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (ie has lasted or is expected to last at least 12 months) and adverse affect on the person’s ability to carry out normal day-to-day activities.

**Is English your first language?** Please choose