***Form R (Part A)***

**Trainee registration for Postgraduate Specialty Training**

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| **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:**  | Health Education South West |
| **Date of Birth:**  | **Gender:**  | **Immigration Status:**  | *{If newly registering, attach passport-sized photo of face here}*  |
|  |  |  |  |
| **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 only one 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:**  |
|  |  |  |