

Form R: Registering for Postgraduate Specialty Training

(to be confirmed on appointment to/on entering specialty training and before a National Training Number NTN) is issued, where this is appropriate. Must be updated and submitted annually with the Postgraduate Dean in order to renew registration for specialty training)

Please attach a passport size photo in colour, signed and dated on the back

Deanery:	Full Name:
Medical School awarding primary qualification: <i>(name and county and date)</i>	Date of Birth: Gender:
Primary Qualification and date awarded:	GMC or GDC registration no:
Primary contact address in UK:	Other address: <i>(if applicable)</i> Home Phone Number: Mobile Phone Number: Email Address:
Immigration status: <i>(eg resident/settled/work permit required)</i>	Post Type or Appointment: <i>(eg LAT, Run Through, LAT, FTSTA)</i>
PMETB programme approval number: <i>(to be completed by Postgraduate Dean)</i>	National Training Number (NTN) <i>(on first registration to be completed by the Postgraduate Deanery):</i>
Deanery Reference Number (DRN): <i>(for LATs, CTs and FTSTAs)</i>	I confirm that I have been appointed to a programme leading to award of a CCT subject to satisfactory progress <input type="checkbox"/>
Specialty:	
Specialty 1 for award of CCT: <i>(as used to derive NTN)</i>	I confirm that I will be seeking specialist registration by application for a CESR <input type="checkbox"/>
Specialty 2 for award of CCT: <i>(if appointed to a dual certification programme)</i>	I confirm that I will be seeking specialist registration by application for a CEGPR <input type="checkbox"/>
Provisional date from deanery for award of CCT/CESR/CEGPR <i>(dd/mm/yy)</i>	Royal College/Faculty assessing training for the award of CCT where trainee is undertaking a full prospectively approved programme:
Initial appointment to programme <i>(full or part time – express part time training as a % of full time training)</i>	Date of entry to grade/programme: <i>(Substantive date started in programme of appointment)</i>

I confirm that the information recorded in Form R is correct.

Specialty Trainee (signature)

Date:

Postgraduate Dean (signature)

Date: