***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:** | | | 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:** | | |
|  | | | |  | | | |  | | |