

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

## Appendix 1

### 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)

1. Full name:	2. Deanery:
3. Primary contact address in UK:  *email address(essential):	4. Home/other address:
5. Medical School awarding primary qualification: (name and country and date)	6. Immigration status (resident/settled/work permit required)
7. GMC registration no:	8. GDC registration no(if applicable):  Not applicable to GP
9. National Training Number [NTN] <i>(on first registration to be completed by the Postgraduate Deanery):</i>  <b>I confirm that I have been appointed to a programme leading to award of a CCT subject to satisfactory progress</b> <input type="checkbox"/>  <i>Please see the RCGP website for guidance:</i> <a href="http://www.RCGP.org.uk">www.RCGP.org.uk</a>	10. PMETB programme approval number <i>(to be completed by Postgraduate Dean):</i>
11. Specialty 1 for award of CCT: <i>(as used to derived NTN except where core NTN allocated – e.g. CMT, CPT, CST)</i>	12. Specialty 2 for award of CCT: <i>(if appointed to a dual certification programme)</i>  Not applicable to GP
13. Royal College/Faculty assessing training for the award of CCT where trainees is undertaking a full prospectively approved programme:	14. Date of entry to grade/programme (dd/mm/yy)
15. <b>Initial</b> appointment to programme (full or part time – <i>express part time training as a % of full time training</i> ):  Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> : _____%	16. Provisional date from deanery for award of CCT/CESR/CEGPR (dd/mm/yy)
17. Confirmation from trainee that he/she will be seeking entry to the register through Article 11 (CEPGR) or Article 14 (CESR)  <b>I confirm that I will be seeking specialist registration by application for a CESR or CEGPR</b> <input type="checkbox"/>  <b>Expected date for completion of training:</b>	18. I confirm that I have not been awarded a NTN but that I am undertaking a Fixed Term Training Appointment:  <b>Confirmed:</b> <input type="checkbox"/> <b>Specialty:</b>  Not applicable to GP

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

**Specialty Trainee (signature)** \_\_\_\_\_ **Date** \_\_\_\_\_.

**Postgraduate Dean** \_\_\_\_\_ **Date** \_\_\_\_\_.

**Conditions of joining a specialty training programme  
(Note: this is NOT an offer of appointment)**

Dear Postgraduate Dean

On accepting an offer to join a specialty training programme in the London Deanery, I agree to meet the following conditions throughout the duration of the programme:

- to always have at the forefront of my clinical and professional practice the principles of Good Medical Practice for the benefit of safe patient care. Trainees should be aware that Good Medical Practice (2006) requires doctors to keep their knowledge and skill up to date throughout their working life, and to regularly take part in educational activities that maintain and further develop their competence and performance
- to ensure that the care I give to patients is responsive to their needs, that it is equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers
- to acknowledge that as an employee within a healthcare organisation I accept the responsibility to abide by and work effectively as an employee for that organisation; this includes participating in workplace based appraisal as well as educational appraisal and acknowledging and agreeing to the need to share information about my performance as a doctor in training with other employers involved in my training and with the Postgraduate Dean on a regular basis
- to maintain regular contact with my Training Programme Director (TPD) and the Deanery by responding promptly to communications from the, usually through email correspondence
- to participate proactively in the appraisal, assessment and programme planning process, including providing documentation which will be required to the prescribed timescales
- to ensure that I develop and keep up to date my learning portfolio which underpins the training process and documents my progress through the programme
- to use training resources available optimally to develop my competences to the standards set by the specialty curriculum
- to support the development and evaluation of this training programme by participating actively in the national annual PMETB/COPMeD trainee survey and any other activities that contribute to the quality improvement of training

I acknowledge the importance of these responsibilities. If I fail to meet them I understand that the Postgraduate Dean may require me to meet with him/her to discuss why I have failed to comply with these conditions. I understand that this document does *not* constitute an offer of employment.

Yours sincerely

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Trainee's signature

Trainee's name (printed)

Date