



# The Royal College of Anaesthetists

## Notification of Forthcoming Completion of Training

*This form is only to be used for those trainees who are expected to complete their higher training for the award of a Certificate of Completion of Training (CCT) within four months. It must be completed in BLOCK CAPITALS.*

### PERSONAL DETAILS

Surname:				
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Forenames:				Sex:	
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Permanent Address for Correspondence:
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Town:	County:	Postcode
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Date of Birth:					
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NTN/VTN:					GMC Number:							
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Daytime Telephone Number:
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College Reference No:						E-mail address:
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Either: Date of Award of Fellow of the Royal College of Anaesthetists (FRCA)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>							M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y								

Or: Date of award of Fellow of the College of Anaesthetists RCSI	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>							M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y								

Primary Medical Qualification	Country Obtained	City Obtained	Year





**Completion of training**

I confirm that the details given are an accurate reflection of my training programme and that I have spent a minimum of seven years in anaesthetic training.

**Trainee's Signature:** ..... **Date:** .....

**Endorsement by Programme Co-ordinator\***

I confirm that the above doctor has undergone and passed a final summative assessment and will successfully complete a seven year programme of training in anaesthesia for the award of a Certificate of Completion of Training. I will notify The Royal College of Anaesthetists Training Directorate if there is any change to this confirmation between now and the completion of training date.

The date of completion of training will be:

D	D	M	M	Y	Y	Y	Y

**Programme Co-ordinator\***

Name (Block Capitals) .....

Signature: ..... Date: .....

\* The Programme Co-ordinator will be the Regional Advisor or Programme Director or their deputies depending upon local arrangements

Once this notification form has been completed and countersigned by the Programme Co-ordinator please return the form to: -

**Miss Claudia Moran**  
**Senior Training Administrator**  
**Training & Examinations Directorate**  
**The Royal College of Anaesthetists**  
**Churchill House**  
**35 Red Lion Square**  
**London WC1R 4SG**

**Direct Line: 020 7092 1554**  
**E-mail: cmoran@rcoa.ac.uk**  
**Training & Examinations fax: 020 7092 1730**