Counting experience prior to entry into a CCT training programme in Anaesthetics

**Notification form**

**To be completed by the Training Programme Director and Regional Advisor (Anaesthetics)**

Anaesthetist in training name: Click or tap here to enter text.

College Reference Number: Click or tap here to enter text.

Dates of placement – from: Click or tap to enter a date. to: Click or tap to enter a date.

Amount of WTE training time to count towards CCT: Click or tap here to enter text.

Details of CUTs/HALOs completed and other significant training completed:

|  |
| --- |
| Click or tap here to enter text. |

Copy of gap analysis and any other review documentation attached

Copy of OOP application information attached

Copy of ARCP outcome form from attached

TPD name: Click or tap here to enter text.

TPD signature: 

Date: Click or tap to enter a date.

RA(A) nameClick or tap here to enter text.

RA(A) signature: 

Date: Click or tap to enter a date.