### Application for recognition of LAT/FTSTA for a CCT/CESR[CP]

**Part 1** [To be completed by the Trainee]

#### Personal details
- National Training Number
- College Reference Number
- Surname
- Forenames
- School of Anaesthesia

#### Date of Primary FRCA [DD/MM/YYYY] ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐

#### Completed training

<table>
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<tr>
<th>Name of Hospital</th>
<th>Dates from/to [dd/mm/yy]</th>
<th>Units of Training Completed</th>
<th>FTSTA or LAT</th>
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Please state how much of the above training period you wish to be considered towards your CCT training and please enclose a copy of your ARCP for this period:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature

__________________________________________________________________________

Date (DD/MM/YYYY) ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐
Part 2 [To be completed by the Programme Director/Regional Adviser who supervised the trainee]

Please state how much of the above training, in your opinion, should be counted towards the trainee’s CCT/CESR[CP] training and at what level. Please indicate the supporting documentation held locally i.e. satisfactory RITAs’, work place assessments etc.

Or recognised examination defined in paragraph 19 [exempting qualifications] of the RCoA Primary and Final FRCA Examination Regulations

Name

Signature

Date (DD/MM/YYYY) ☐ ☐/☐ ☐/☐ ☐ ☐ ☐ ☐ ☐

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Reviewed by the Medical/Deputy Medical Secretary to the Training Committee

Signature

Date (DD/MM/YYYY) ☐ ☐/☐ ☐/☐ ☐ ☐ ☐ ☐ ☐