

Notification of 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] Certificate of Eligibility for Specialist Registration[Combined Programmes] [CESR[CP]] within four months.

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS USING BLACK INK

Personal Details

Surname _____ Male Female

Forename 1 _____ Forename 2 _____ Forename 3 _____

Permanent UK address for correspondence:

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Town/City _____ County _____

Postcode _____ Country: _____

Tel number (please include dialling code) _____ Home Work

Email address: _____

National Training Number

--	--	--	--	--

College Reference Number

--	--	--	--	--	--	--

GMC number

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Postgraduate Professional Higher Training (please complete in full; continue on another sheet if necessary)

Please list in chronological order all the *higher* posts which are being credited towards the CCT/CESR[CP]. Include periods of training in research, overseas, LAT if they are being credited towards the CCT/CESR[CP].

Grade/Title of Post	Commencement and completion dates DD/MM/YY	Fulltime/Flexible (% of WTE for Flexible)	Permanent/ LAT	Name of Hospital or Medical School	Content of Training (Please list all higher modules of training undertaken)

Postgraduate Professional Advanced Training (complete in full; continue on another sheet if necessary)

Please list in chronological order all the *advanced* posts which are being credited towards the CCT/CESR[CP]. Include periods of training in research, overseas, LAT if they are being credited towards the CCT/CESR[CP]. NB these posts should amount to 12 months.

Grade/Title of Post	Commencement and completion dates DD/MM/YY	Fulltime/Flexible (% of WTE for Flexible)	Permanent/LAT	Name of Hospital or Medical School	Content of Training (Please list all advanced modules of training undertaken)

Post CCT intentions Survey

When you complete your CCT, what are your intentions?

- Complete a fellowship
- Apply for a Consultants post in the UK
- Migrate and practice medicine outside of the UK
- Other, please specify below

Completion of Training

I confirm that the details given are an accurate reflection of my training programme in anaesthesia, critical care and pain medicine.

Signature _____

Date (DD/MM/YYYY) / /

Endorsement by Programme Co-ordinator*

I confirm that the above doctor has undergone and passed all the required assessments and has achieved as a minimum the core clinical learning outcomes for the award of a Certificate of Completion of Training or the Certificate of Eligibility for Specialist Registration [Combined Programmes] in Anaesthetics. I will notify the Royal College of Anaesthetists Training Directorate if there is any change to this confirmation between now and the formal completion of training.

The date of completion of training will be (DD/MM/YYYY):

/ /

Programme Co-ordinator*

Name (BLOCK CAPITALS) _____

Signature _____

Date (DD/MM/YYYY) / /

* The Programme Co-ordinator will be the Regional Adviser or Training Programme Director (or their appointed deputies)

Once this form has been completed and signed, please forward to the Training Department (training@rcoa.ac.uk).