Anaesthetist in Training Registration Form
Core and ACCS Training

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS USING BLACK INK

GMC number

FOR OFFICIAL USE
CRN:
Registration month:
Signature of RCoA Official:
Date registered:

Deanery/LETB Training Number (see your local administrator)

Section A: Personal Details
Please give all names in full EXACTLY as they appear in the GMC register

Surname__________________________________________ Male ☐ Female ☐

Forename 1______________________Forename 2______________________Forename 3______________________

Forename 4______________________Forename 5______________________

Date of birth (DD/MM/YYYY) ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐

Permanent UK address for correspondence:

Address Line 1______________________________________________

Address Line 2______________________________________________

Address Line 3______________________________________________

Town/City________________________________County________________________

Postcode________________________________

Tel number (please include dialling code)________________________ Home ☐ Work ☐

Email address: ____________________________________________

Membership Engagement Panel
The Membership Engagement Panel is an online virtual panel of membership that receive surveys and opportunities to share feedback to the College and help us shape future strategy and work.

I am interested in being part of the Membership Engagement Panel: Yes ☐ No ☐
Section B: Primary Qualifications

Primary Medical Qualification: ________________________________

Full name of conferring University/Medical School: ________________________________

Date of graduation (DD/MM/YYYY) ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ ☐

Section C: Current Training Post

Programme: Core Anaesthetic Training ☐

ACCNS (Anaesthesia) ☐

Commencing year: CT/ACCNS1 ☐ CT/ACCNS2 ☐ CT/ACCNS3 ☐ LAT ☐

Date of commencement of current training year (DD/MM/YYYY) ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ ☐

School of Anaesthesia: ________________________________

Is your current post less than full time? Yes ☐ No ☐

If yes please indicate the percentage of whole time equivalent you are contracted to work per week: _________ %

FRCA Primary MCQ date (if applicable)(DD/MM/YYYY) ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ ☐

Other relevant qualifications:

__________________________________________

__________________________________________
Section D: Postgraduate Professional Training

Please list in chronological order (earliest position on the top line) all the professional appointments which you have held since you passed the final qualifying examinations for your primary medical qualification. If necessary continue on a separate sheet, ensuring that it is securely stapled to this form.

<table>
<thead>
<tr>
<th>Grade or title of post</th>
<th>Fulltime/ flexible (including % WTE)</th>
<th>Substantive/ Locum/ Temp</th>
<th>Specialty</th>
<th>Name of Hospital or Medical School (Please also give town and country)</th>
<th>Dates of commencement and completion (DD/MM/YY-DD/MM/YY)</th>
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Section E: Leave of absence
Please list all periods of leave of absence for any reason other than your allocated annual leave and study leave (e.g. sickness, maternity, paternity). Dates **MUST** be included. If necessary continue on a separate sheet, ensuring that it is securely stapled to this form.

<table>
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<tr>
<th>Reason for period of absence</th>
<th>Dates from and to: (DD/MM/YY-DD/MM/YY)</th>
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Section F: Proposed core or ACCS training programme
Please provide details of your proposed CT or ACCS training programme by year, including rotations to other hospitals, all modules and their duration. Continue on a separate sheet if necessary, making sure that you attach it securely to this form. It is acceptable to attach a typed programme supplied by your Training Programme Director.

<table>
<thead>
<tr>
<th>Training year</th>
<th>Hospitals (including current post) through which you have already rotated and will rotate in the future. Please give the full name of each hospital, with job content (see note 6)</th>
<th>Dates of commencement and completion (DD/MM/YY-DD/MM/YY)</th>
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<tbody>
<tr>
<td>Year 1</td>
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<td>Year 2</td>
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<td>Year 3</td>
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</table>
Section G: Declaration

PLEASE NOTE THAT FORMS WHICH HAVE NOT BEEN SIGNED AS INDICATED BELOW WILL BE RETURNED

If you are already registered with the College for training, or as a Member, please indicate your College Reference Number here:
☐ ☐ ☐ ☐ ☐ ☐ ☐

I wish to register for core specialty or ACCS training and declare that I am eligible to do so. I undertake to give the RCoA Training Committee prospective notice of any change in my training programme.

Name (BLOCK CAPITALS)__________________________________________________________

Signature__________________________________________________________

Date (DD/MM/YYYY) ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ ☐

Payment is not required on application as we will invoice you in due course. Please return the original direct debit mandate in the post – copies are not accepted.

Please return the form and supporting documents to the membership department via the address at the bottom of the page.

Data Protection Statement
The Royal College of Anaesthetists (RCoA) is fully committed to the principles of data protection, as set out in the General Data Protection Regulation (GDPR). The RCoA relies on legitimate interests as the lawful basis for processing of personal data. We process and maintain personal data about you so that we can manage your membership, provide you with appropriate products and services and share information with you about RCoA activities.

The information provided on this form will be processed and shared with those involved in the delivery of your training, namely Regional Advisors, College Tutors, Postgraduate Deans and relevant deanery staff and the GMC. Sharing of the data in this way is necessary for you to progress through the RCoA CCT Training Programme.

We will only use your information for the purposes as described and will not pass on your details to other third parties unless you have given us consent to do so.

We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.

You have the right to ask for a copy of the information we hold about you and to have any inaccuracies in your information corrected. If you have any questions about data protection or require further information, please email membership@rcoa.ac.uk.
Equal Opportunities Monitoring Form

The Royal College of Anaesthetists is committed to equality of opportunity and promoting diversity.

To help us monitor the effectiveness of our Equal Opportunities Policy, we would be grateful if you can complete the questions on this monitoring form and return it to The College representative who has provided this form. The information you provide will be treated in strictest confidence under the Data Protection Act 1998.

**PLEASE NOTE:** If you have provided the below information previously and your details have not changed, you are not required to complete this form unless you are applying for a job vacancy. Thank you for your assistance.

College Reference Number (if applicable)__________________________________________

Post applied for (if applicable)__________________________________________________

<table>
<thead>
<tr>
<th>Your age band</th>
<th>16-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
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<tbody>
<tr>
<td></td>
<td>55-64</td>
<td>65+</td>
<td>Prefer not to say</td>
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</table>

<table>
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<tr>
<th>Your ethnic group</th>
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<tr>
<td>Asian or Asian British</td>
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<tr>
<td>Bangladeshi</td>
<td>Chinese</td>
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<td>Other</td>
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<th>Black or Black British</th>
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<tr>
<td>African</td>
<td>Caribbean</td>
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<th>Mixed</th>
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<tr>
<td>White &amp; Black African</td>
<td>White &amp; Black Caribbean</td>
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<th>White</th>
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<td>British</td>
<td>Irish</td>
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<tr>
<td>Northern Irish</td>
<td>Welsh</td>
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</table>
Other Ethnic Group
- Arab
- Any Other Ethnic Group
- Prefer not to say

Your gender
- Female
- Male
- Prefer not to say

Your religion or belief (please select the group you most identify with)
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion or belief
- No religion or belief
- Prefer not to say

Your sexual orientation
- Bisexual
- Gay man
- Gay woman/lesbian
- Heterosexual/straight
- Other
- Prefer not to say

Do you consider yourself to have a disability according to the terms given in the Equality Act 2010?
The Equality Act 2010 protects people with disabilities. The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person’s ability to carry out normal day to day activities.
- Yes
- No
- Prefer not to say

Is English your first language?
- Yes
- No
- Prefer not to say

Many thanks for taking the time to complete this form. Please send to: membership@rcoa.ac.uk
Instruction to your Bank or Building Society to pay by Direct Debit

Originator’s Identification Number:

9 0 7 4 3 9

Reference Number:

Instruction to your Bank or Building Society

Please pay The Royal College of Anaesthetists Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with The Royal College of Anaesthetists and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s):

Date:

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit The Royal College of Anaesthetists will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request The Royal College of Anaesthetists to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made by The Royal College of Anaesthetists or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when The Royal College of Anaesthetists asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.