

College Notification Form

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| This form is to be completed by the applicant. Incomplete or late forms may result in your certification being delayed.  **Please read the guidance notes (Section 5) before completing the form.**  **Key training details:** | | | | | | | | | | | | | | | |
|  | | | |  | | | |  | | | | | | | |
| **Surname:** | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Forenames:** | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **GMC/IMC No:** | |  | | |  | | | | **GDC No:** | | |  | |
|  | | | | | | | | | | | | | |
| **NTN:** | |  | | |  | **Main Specialty:** | | | | | |  | |
|  | | | | | | | | | | | | | | | | |
| **Curriculum:** (Year) | |  | | |  | | **Expected Date of Certification:** | | | | |  | |
|  | | | | | | | | | | | | | | | |
| **Address for correspondence including postcode:** | | | | | | | | | | |  | | | | |
|  | |  | | | | | | | | | | | | |
|  | | **Postcode:** | | | | | | | | | | | | |
| **Section 1** | | | | | | | | | | | | | | | |
| **Qualifications:** | | |  | | | | | | | | | | | | |
|  | **Qualification** | | | **Year** | | | | | | **Awarding Body** | | |  | |
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| **Section 2**  **Training appointments held in GMC unapproved posts.**  **(PLEASE IGNORE THIS SECTION AND CONTINUE TO SECTION 3 IF YOU ARE APPLYING FOR A CCT / CCST (Irish trainees))**  **Please detail all posts that were taken into account upon your appointment to the specialty training scheme:** | | | | | |
| **Grade** (e.g. Staff Grade, Clinical Fellow, LAS etc) | **Specialty** | **Hospital and Town** | **Date** (*mm/yy*) | | |
| **From** | **To** | |
|  |  |  |  | |  |

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| **Section 3**  **Training appointments held after GMC / IMC Registration:** | | | | |
| **Grade** (e.g. SHO, CT1, ST3) | **Specialty** | **Hospital and Town** | **Date** (*mm/yy*) | |
| **From** | **To** |
|  |  |  |  |  |

**Section 4**

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| **Secondment Details (including overseas posts):** | | | |
| **Location:** |  | | |
| **Date From:** |  | **Date To:** |  |
| **Time Granted by SAC:** |  | **Granted Date:** |  |
|  |  | | |

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| --- | --- | --- | --- |
| **Location:** |  | | |
| **Date From:** |  | **Date To:** |  |
| **Time Granted by SAC:** |  | **Granted Date:** |  |
|  |  | | |

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| **Candidate’s Signature:** |  | **Date:** |  |

**CONFIRMATION OF TRAINING BY POSTGRADUATE DEAN / ASSOCIATE DEAN / HEAD OF SCHOOL *(to be completed by your Postgraduate Dean / Associate Dean / Head of School)***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This is to confirm that | | (trainee’s name) | | | | | will have completed Surgical Training in | | | |  |
| (Specialty) |  | | | | on | (certification date) | | | | for award of a CCT / CESR (CP) / CCST (delete as appropriate) |
| I will notify the College if there is any change to this confirmation between now and the completion of training date. | | | | | | | | | | |
| Postgraduate Dean’s / Associate Dean’s / Head of School’s signature (delete as appropriate): | | | |  | | | | Date: |  | |
|  | | |  | | | | |  |  | |

**Details of Postgraduate Dean / Associate Dean / Head of School:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name *(please print):*** |  | | |  |
| **Telephone number:** | | | |
|  |  |  |  |

**END OF FORM**

**Section 5**

**Important Notes on the Completion of the College Notification Form**

*The enclosed form has been compiled to include information held on the computer database. This should enable you to complete the form with minimal delay.* **Incomplete or late forms may result in the award of certification being delayed.**

Please amend, clearly, any errors or omissions.

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| 1. | Qualifications You should add here such qualifications you have and which are omitted. |
| 2. | If you are applying for a CESR (CP), you must complete the Training appointments held in GMC unapproved posts section. Please detail all posts that were taken into account upon your appointment to the specialty training scheme. |
| 3. | Training appointments held after GMC / IMC Registration Details of your post Registration training will be shown on your certification, confirming that your training meets the requirements of the European Directive. Please include all educationally approved posts in pre specialty specific surgical training, specialty training and research. Please continue on a separate sheet if necessary. Please do not simply refer us to your CV. |
| 4. | Secondment details Your certification will also indicate how much time, counting towards surgical training was conducted overseas. If you have undertaken an SAC approved secondment overseas please enter the details here. Overseas means those countries outside the European Economic Area. If you have been abroad more than twice, please enclose details of third and subsequent posts on a separate sheet. |
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