

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

ACCS (Anaesthesia)

Commencing year: CT/ACCS1 CT/ACCS2 CT/ACCS3 LAT

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

School of Anaesthesia: _____

Is your current post less than fulltime? 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 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.

This page is intentionally blank.

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) _____

Your age band

- | | | | |
|--------------------------------|--------------------------------|--|--------------------------------|
| <input type="checkbox"/> 16–24 | <input type="checkbox"/> 25–34 | <input type="checkbox"/> 35–44 | <input type="checkbox"/> 45–54 |
| <input type="checkbox"/> 55–64 | <input type="checkbox"/> 65+ | <input type="checkbox"/> Prefer not to say | |

Your ethnic group

The ethnic groups are based on the Census 2011 categories.

Asian or Asian British

- | | | | |
|--------------------------------------|----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Other | | | |

Black or Black British

- | | | |
|----------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> African | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Other |
|----------------------------------|------------------------------------|--------------------------------|

Mixed

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> White & Black African | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Other |
|--|--|--|--------------------------------|

White

- | | | | |
|---|--------------------------------|---|----------------------------------|
| <input type="checkbox"/> British | <input type="checkbox"/> Irish | <input type="checkbox"/> Scottish | <input type="checkbox"/> English |
| <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Welsh | <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> Other |

Other Ethnic Group

Arab Any Other Ethnic Group Prefer not say

Your gender

Female Male Prefer not 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

Please fill in the whole form using a ball point pen and send it to:

The Royal College of Anaesthetists
 Churchill House
 35 Red Lion Square
 LONDON WC1R 4SG

Instruction to your Bank or Building Society to pay by Direct Debit

Name(s) of Account Holder(s):

Originator's Identification Number:

9	0	7	4	3	9
---	---	---	---	---	---

Reference Number:

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

Bank/Building Society account number:

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

Branch sort code:

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

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.

Name and full postal address of your Bank or Building Society

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.

To the Manager	Bank/Building Society
Address	
	Postcode

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 in the payment of your Direct Debit 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.