

## Anaesthetist in Training Registration Form

### Specialty Registrar Training

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS USING BLACK INK

College Reference Number						GMC number							
National Training Number (if known)													
			/	0	9	1	/					/	

<b>FOR OFFICIAL USE ONLY</b>
Registration month:
Signature of RCoA Official:
Date registered:

### 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

Speciality Registrar Programme: Anaesthetics

Dual Anaesthetics and ICM

Anaesthetics with PHEM Programme

Commencing year: ST3  ST4  ST5  ST6  ST7  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 (DD/MM/YYYY)   /   /

FRCA Final (DD/MM/YYYY)   /   /







Royal College of Anaesthetists

### 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 ensure that you have indicated your College Reference Number on page 1.**

I wish to register for specialty registrar 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)**   /   /

**College Tutor / Training Programme Director / Regional Adviser**

I undertake to inform the RCoA Training Committee prospectively of any change to this Anaesthetist in training's programme.

**Name (BLOCK CAPITALS)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date (DD/MM/YYYY)**   /   /

**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](mailto:membership@rcoa.ac.uk).

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## 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
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#### Mixed

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