**Notification of Completion of Training**

**2010 and 2021 curriculum**

This form is only to be used for those anaesthetists in training who are expected to complete their higher training for the award of a Certificate of Completion of Training [CCT] within four months. Your recommendation to the GMC will be processed closer to your completion date.

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS USING BLACK INK**

# Personal Details

Surname Click here to enter text. Male [ ]  Female [ ]

Forename 1 Click here to enter text. Forename 2 Click here to enter text. Forename 3 Click here to enter text.

#### Permanent UK address for correspondence:

Address Line 1 Click here to enter text.

Address Line 2 Click here to enter text.

Address Line 3 Click here to enter text.

Town/City Click here to enter text. County Click here to enter text.

Postcode Click here to enter text. Country Click here to enter text.

Tel number (please include dialling code) Click here to enter text. Home [ ]  Work [ ]

Email address: Click here to enter text.

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| **National Training Number** |  | **College Reference Number** |  | **GMC number** |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |

# Curriculum Details

**Year of transition to the new curriculum (eg ST5, mid-ST6):** Click or tap here to enter text.

NB Trainees who have transitioned after ST5 must have completed an Intermediate Level Training Certificate (ILTC). If applicable, an EQ2 should also be completed.

Please ensure that the certificates have been signed off by two consultants, and that the unit signoffs are clearly visible. If signed off on paper/ PDF, please ensure that both pages are uploaded to the Lifelong Learning Platform.

If you have any questions about the certificates, please contact the Training department.

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

Please list in chronological order all the *higher* (2010 curriculum) posts which are being credited towards the CCT. Include periods of training in research, overseas, LAT if they are being credited towards the CCT. Any Stage 2 domains of learning which are being credited towards CCT should be on the EQ2 certificate or, depending on the transition plan, on the Stage 2 certificate.

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| **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 undertaken)** |
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**Postgraduate Professional Advanced Training or Special Interest Areas (complete in full; continue on another sheet if necessary)**

## Please list in chronological order all the *advanced* posts or *Special Interest Areas (SIAs)* which are being credited towards the CCT. Include periods of training in research, overseas, LAT if they are being credited towards the CCT. NB these posts should amount to 12 months. The Stage 3 certificate should show all 14 Stage 3 domains signed off. Stage 3 domains do notneed to be listed here.

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| **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)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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**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 [ ]

|  |
| --- |
| Click here to enter text. |

**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) Click here to enter text.

**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): Click here to enter text.

**Programme Co-ordinator\***

**Name (BLOCK CAPITALS)** Click here to enter text.

**Signature** 

Date (DD/MM/YYYY) Click here to enter text.

\* 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 send a copy to the Training Department (****training@rcoa.ac.uk****).**