

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.

Reason for period of absence	Dates from and to: (DD/MM/YY-DD/MM/YY)

Section F: Proposed Training Programme

Please give below details of your proposed training programme by year, including rotations to other hospitals, all modules and their duration and any planned out-of-programme training, e.g. overseas training, research project. 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 Programme Director (see Note 6).

ST Year	Dates from and to: (DD/MM/YY-DD/MM/YY)	Hospitals	Proposed Modules/Off-rotation training

Section G: Racial Monitoring

The Race Relations (Amendment) Act 2000 contains a number of provisions that affect The Royal College of Anaesthetists as a public body and in its role as an agent of the PMETB. Specifically the Act outlaws race discrimination and places a general duty on the College to promote racial equality. As a means of monitoring the College's performance in respect of racial equality you are requested to complete this questionnaire.

This information will be recorded on The Royal College of Anaesthetists database but will be used only for monitoring the College's compliance with the Race Relations (Amendment) 2000. (See Note 9).

Please indicate your racial origin by ticking the relevant:

White	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black (African)	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Black (Caribbean)	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other	<input type="checkbox"/>
Middle Eastern	<input type="checkbox"/>		

Is English your first language? Yes: No:

Section H: Signatures

Please note that forms which have NOT been signed as indicated below will be returned.

Trainee

I wish to register for specialty training and declare that I am (see Note 7):

Please tick one of the following:

- A registered trainee or a Member/Fellow of the College** (no payment is required to be submitted with this form, but you must quote your College Reference Number on the front page as indicated).
- Non-Member/non-Fellow of the College, and not previously registered as a trainee** (a registration fee is payable for which you will be invoiced).

Under the Data Protection Act, I accept that the information provided on this form may be processed and passed to my College Tutor, Postgraduate Dean, examiners, employer etc. for legitimate purposes connected with my training.

I undertake to give the RCoA Training Committee prospective notice of any change in this training programme (see Note 8).

Signature: _____

D	D	M	M	Y	Y	Y	Y
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College Tutor/Training Programme Director

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

Name (BLOCK CAPITALS): _____

Signature: _____

D	D	M	M	Y	Y	Y	Y
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Regional Adviser

I have noted and endorse this registration for specialty training.

Name (BLOCK CAPITALS): _____

Signature: _____

D	D	M	M	Y	Y	Y	Y
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Now return the form and supporting documents to the:

**Training Department
The Royal College of Anaesthetists
Churchill House
35 Red Lion Square
London WC1R 4SG**

Notes

We hope that most of the questions on the form will be self-explanatory. However, the following notes cover points which it is felt may require clarification.

1 National Training Number

You will have been allocated a National Training Number (NTN) by your Postgraduate Dean on substantive appointment to the StR grade and, under normal circumstances, will retain it for the duration of your StR training.

NB: No training number is issued for a Locum Appointment – Training (LAT), FTSTA post or Core training posts.

2 School of Anaesthesia

Code	School of Anaesthesia
10	Birmingham
11	Bristol
14	Warwickshire
15	Anglia
16	Hull/York
17	South East Scotland
18	North and Northwest of Scotland
19	Imperial
20	Leicester
21	Mersey
22	Northern
23	Northern Ireland
24	North Trent
25	North West
26	Nottingham and East Midlands
27	Oxford
29	North Central London
30	Barts and The London
31	St George's London
32	South Eastern
33	South West
34	Stoke-on-Trent
35	Tayside
36	Tri-Services
38	Welsh
39	Wessex
40	Leeds/Bradford
41	West of Scotland
42	South Coast

3 FRCA and/or FFARCSI

Where applicable please provide the dates (day, month and year) on which you obtained the Primary and/or Final examinations of the Fellowship of the Royal College of Anaesthetists and/or the Fellowship of the College of Anaesthetists of the Royal College of Surgeons in Ireland. This assists in the verification of information issued to the Postgraduate Medical Education and Training Board (PMETB).

4 Other qualifications

Please provide details of any other relevant postgraduate qualifications you have obtained.

5 Postgraduate Professional Training

This is a simple chronological list of all jobs held.

6 Training Programme

Please provide full details, by year, of your proposed training programme. This should include information, if known, about any planned out-of-programme training (OOPT/R/C/E), e.g. overseas training, research project. Please remember that prospective approval is required from PMETB if you wish any OOPT/R experience to be considered for inclusion towards your CCT. Please see guidance on the RCoA website.

7 Registration fee

It is a requirement for all trainees to register for training. As stated on the form, if you are a member (Fellow or Member) of the College you are exempt from paying the registration fee. In these circumstances you must provide details of your College Reference Number on the front page of the form. Otherwise, a registration fee is payable for which you will be sent an invoice. The registration fee is allowable for tax purposes.

8 Signature of trainee and trainers

It is essential that this form is signed by you, countersigned by your College Tutor/Programme Director and endorsed by your Regional Adviser before it is submitted to the College.

9 Disclosure of information

Under the Data Protection Act, the information provided on this form may be processed and passed to your Trainers, Postgraduate Dean, examiners, employer, etc for legitimate purposes connected with your training.



The Royal College of Anaesthetists



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
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Bank/Building Society account number:

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Reference Number:

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Branch sort code:

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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.

Name and full postal address of your Bank or Building Society

To the Manager	Bank/Building Society
Address	
Postcode	

Signature(s)

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Date

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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 take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change The Royal College of Anaesthetists will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by The Royal College of Anaesthetists or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

