

# Form R (Part B)

<b>Form submitted on</b>	11 October 2014 13:13 (BST)
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<b>Status</b>	SUBMITTED
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<b>Modified</b>	12 November 2014 13:14 (GMT)
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<b>ARCP Form?</b>	true
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<b>Linked Programme</b>	some programme name
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<b>Managing Deanery / Local Office</b>	London
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## Personal Details

Forename	Anthony
GMC-Registered Surname	Gilliam
GMC Number	1234567
Primary Contact Email Address	test@testy.com
Previous Designated Body for Revalidation (if applicable)	prev reval body
Other Previous Designated Body for Revalidation	prev reval body other
Current Revalidation Date	05 April 2024
Date of Previous Revalidation (if applicable)	04 March 2021
Programme/Training Specialty	programme specialty
Dual Specialty (if applicable)	dual specialty

## Whole Scope of Practice: Work

Type Of Work	type of work 1
Start Date	10 September 2021
End Date	10 September 2022
Training Post	post held 1
Site	site 1
Site Location	location 1
Site Known As	known as 1

Type Of Work	type of work 2
Start Date	10 September 2022
End Date	10 September 2023
Training Post	post held 2
Site	site 2
Site Location	location 2
Site Known As	known as 2

## Whole Scope of Practice: Time Out Of Training (TOOT)

Short and Long-term Sickness Absence (whole days)	10
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Parental Leave - incl Maternity / Paternity Leave (whole days)	0
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Career Breaks within a Programme (OOPC) and Non- training Placements for Experience (OOPE) (whole days)	5
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Paid / Unpaid Leave (e.g. compassionate, jury service) (whole days)	8
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Unpaid/Unauthorised Leave including industrial action (whole days)	1
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Other Absence (whole days)	1
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Total Leave (days)	25
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## Good Medical Practice: Declarations

I accept the professional obligations placed on me in Good Medical Practice in relation to honesty and integrity.	true
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I accept the professional obligations placed on me in Good Medical Practice about my personal health.	false
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Do you have any GMC conditions, warnings or undertakings placed on you by the GMC, employing organisation or other organisations?	true
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Are you complying with these conditions, warnings or undertakings?	true
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## Good Medical Practice: Health Statement

Please use this section to declare any information relating to your health which you feel would be beneficial to the ARCP panel or Responsible Officer.	health statement
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# Summary of Previous Resolved Form R Declarations

Did you declare any Significant Events, Complaints, Other investigations on your PREVIOUS Form R that have since been RESOLVED?

true

Declaration Type	declaration type 2
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Date of Entry in Portfolio	14 February 2022
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Title/Topic of Reflection/Event	title 2
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Location of Entry in Portfolio	location 2
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Declaration Type	Not Given
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Date of Entry in Portfolio	Not Given
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Title/Topic of Reflection/Event	Not Given
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Location of Entry in Portfolio	Not Given
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# Summary of Previous Unresolved Form R Declarations

Do you have any Significant Events, Complaints, or other investigations detailed on your PREVIOUS Form R still UNRESOLVED?	true
Please provide a brief summary, including where you were working, the date of the event, and your reflection where appropriate. If known, please identify what investigations are pending relating to the event and which organisation is undertaking the investigation.	Previous declaration summary which could be a fairly long piece of text to cover the various points that need to be made.

# Summary of New Resolved Form R Declarations

Do you have any NEW Significant Events, Complaints, Other investigations to declare since your previous ARCP/Appraisal that have since been RESOLVED? true

Declaration Type	declaration type 22
Date of Entry in Portfolio	14 February 2025
Title/Topic of Reflection/Event	title 22
Location of Entry in Portfolio	location 22
Declaration Type	Not Given
Date of Entry in Portfolio	Not Given
Title/Topic of Reflection/Event	Not Given
Location of Entry in Portfolio	Not Given



## Summary of New Unresolved Form R Declarations

**Do you have any NEW DECLARED Significant Events, Complaints, or other investigations still UNRESOLVED?**

true

**Please provide a brief summary, including where you were working, the date of the event, and your reflection where appropriate. If known, please identify what investigations are pending relating to the event and which organisation is undertaking the investigation.**

Current declaration summary which could be a fairly long piece of text to cover the various points that need to be made, such as this one is.

## Compliments

**Compliments are another important piece of feedback. You may wish to detail here any compliments that you have received which are not already recorded in your portfolio, to help give a better picture of your practice as a whole. This section is not compulsory.**

some compliments text

# COVID 19 Self-assessment & Declarations

Please self-rate your progress in your training since your last ARCP

Self rate for covid

Please provide a brief explanation of the reasons for your self-rating

Reason for self rate

Please provide any other information you would like the panel to consider

Other information for panel

I would like to discuss my training or current situation with my supervisor

true

I have concerns with my training and/or wellbeing at the moment and would like to discuss them with someone

false

Changes were made to my placement due to my individual circumstances

true

Circumstance of Change

Change circumstances

Please Specify 'Other'

Change circumstance other

Please explain further how your placement was adjusted

How placement adjusted

Educational Supervisor's Name (if applicable)

Ed Super

Educational Supervisor's Email (if applicable)

super@ed.com

## Declarations

- This form is a true and accurate declaration at this point in time and will immediately notify the Deanery/HEE local team and my employer if I am aware of any changes to the information provided in this form.
- I give permission for my past and present ARCP portfolios and / or appraisal documentation to be viewed by my Responsible Officer and any appropriate person nominated by the Responsible Officer. Additionally if my Responsible Officer or Designated Body changes during my training period, I give permission for my current Responsible Officer to share this information with my new Responsible Officer for the purposes of Revalidation.