

Form R (Part A)

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|-------------------|-----------|
| Form submitted on | Not Given |
| Status | Not Given |
| Modified | Not Given |

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|---------------------------------|-----------|
| ARCP Form? | Not Given |
| Linked Programme | Not Given |
| Managing Deanery / Local Office | Not Given |

Personal Details

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|----------|-----------|
| Forename | Not Given |
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|------------------------|-----------|
| GMC-Registered Surname | Not Given |
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|------------|-----------|
| GMC Number | Not Given |
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|---------------|-----------|
| Date of Birth | Not Given |
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|--------|-----------|
| Gender | Not Given |
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|--------------------|-----------|
| Immigration Status | Not Given |
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| Primary Qualification | Not Given |
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| Date Awarded | Not Given |
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| Medical School Awarding Primary Qualification (name and country) | Not Given |
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|--------------|-----------|
| Home Address | Not Given |
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|-----------|-----------|
| Post Code | Not Given |
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|-------------------|-----------|
| Contact Telephone | Not Given |
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|----------------|-----------|
| Contact Mobile | Not Given |
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|---------------|-----------|
| Email Address | Not Given |
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Programme Declarations

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|----------------|-----------|
| I confirm that | Not Given |
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|---------------------|-----------|
| Programme Specialty | Not Given |
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|------------------------------|-----------|
| Specialty 1 for Award of CCT | Not Given |
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|------------------------------|-----------|
| Specialty 2 for Award of CCT | Not Given |
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|---|-----------|
| Royal College / Faculty Assessing Training for the Award of CCT | Not Given |
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|--|-----------|
| Anticipated Completion Date of Current Programme (if know) | Not Given |
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Programme Details

| | |
|----------------|-----------|
| Training Grade | Not Given |
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|------------|-----------|
| Start Date | Not Given |
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|--------------------------|-----------|
| Post Type or Appointment | Not Given |
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|---------------------------------------|-----------|
| Training Hours (Full Time Equivalent) | Not Given |
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Declarations

- I confirm that the above information is correct.
- I will keep my Designated Body and the GMC informed as soon as possible of any change to my contact details.