

Form R (Part B)

| | |
|-------------------|-----------|
| Form submitted on | Not Given |
|-------------------|-----------|

| | |
|--------|-----------|
| Status | Not Given |
|--------|-----------|

| | |
|----------|-----------|
| Modified | Not Given |
|----------|-----------|

| | |
|------------|-----------|
| ARCP Form? | Not Given |
|------------|-----------|

| | |
|------------------|-----------|
| Linked Programme | Not Given |
|------------------|-----------|

| | |
|---------------------------------|-----------|
| Managing Deanery / Local Office | Not Given |
|---------------------------------|-----------|

Personal Details

| | |
|----------|-----------|
| Forename | Not Given |
|----------|-----------|

| | |
|------------------------|-----------|
| GMC-Registered Surname | Not Given |
|------------------------|-----------|

| | |
|------------|-----------|
| GMC Number | Not Given |
|------------|-----------|

| | |
|-------------------------------|-----------|
| Primary contact email address | Not Given |
|-------------------------------|-----------|

| | |
|---|-----------|
| Previous Designated Body for Revalidation (if applicable) | Not Given |
|---|-----------|

| | |
|---------------------------|-----------|
| Current Revalidation Date | Not Given |
|---------------------------|-----------|

| | |
|---|-----------|
| Date of Previous Revalidation (if applicable) | Not Given |
|---|-----------|

| | |
|------------------------------|-----------|
| Programme/Training Specialty | Not Given |
|------------------------------|-----------|

| | |
|--------------------------------|-----------|
| Dual Specialty (if applicable) | Not Given |
|--------------------------------|-----------|

Whole Scope of Practice: Work

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

| | |
|---|-----------|
| Short and Long-term sickness absence (whole days) | Not Given |
|---|-----------|

| | |
|--|-----------|
| Parental leave - incl Maternity / Paternity leave (whole days) | Not Given |
|--|-----------|

| | |
|--|-----------|
| Career breaks within a Programme (OOPC) and non-training placements for experience (OOPE) (whole days) | Not Given |
|--|-----------|

| | |
|---|-----------|
| Paid / unpaid leave (e.g. compassionate, jury service) (whole days) | Not Given |
|---|-----------|

| | |
|--|-----------|
| Unpaid/unauthorised leave including industrial action (whole days) | Not Given |
|--|-----------|

| | |
|----------------------------|-----------|
| Other Absence (whole days) | Not Given |
|----------------------------|-----------|

| | |
|--------------------|-----------|
| Total Leave (days) | Not Given |
|--------------------|-----------|

Good Medical Practice: Declarations

I accept the professional obligations placed on me in Good Medical Practice in relation to honesty and integrity.

Not Given

I accept the professional obligations placed on me in Good Medical Practice about my personal health.

Not Given

Do you have any GMC conditions, warnings or undertakings placed on you by the GMC, employing organisation or other organisations?

Not Given

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.

Not Given

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?

Not Given

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?

Not Given

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?

Not Given

Summary of new unresolved Form R Declarations

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

Not Given

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.

Not Given

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.