## Enhanced Form R for Doctors in Training (Self Declaration to be completed by the trainee doctor)

Trainee	JOHN	N	Trainee	SMITH	GMC		777123	
Forename		•	Surname		Number		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Toronamo								
Deanery / LE	ТВ	NORTH WESTE	RN DEANERY		A	Attach	Passport Size Photo	
		L	11.61					
	Medical School awarding primary qualification: (name and country)  UNIVERSITY OF MANCHESTER, UNITED KINGDOM							
Date of Birth		ANCHESTER, UNI	Gende					
03/12/1983	•		Genue	I. WALE				
	ificati	on and date awa	arded:					
MBBS, 2008								
	ıal Rev	view of Compete	ence Progressi	on (ARCP): INSERT NEXT A	RCP			
		•	•	RM FOR REGISTRATION				
-		NOT APPLICABL						
Date of expe	cted R	Revalidation:		INSERT DATE IF KNOWN – GMC WILL HAVE NOTIFIED YOU				
				OF THIS				
Date of previ	ous R	evalidation (if a <sub>l</sub>	oplicable):	INSERT DATE IF KNOWN				
Name and Co	ntost	details of your p	arovious	IE TRAINED IN ANOTHER	DEANEDY	DIEA	SE CIVE DETAILS OF	
Responsible			revious	IF TRAINED IN ANOTHER DEANERY, PLEASE GIVE DETAILS OF THAT POSTGRADUATE DEAN HERE				
Work Addres		1.						
Work Addres	5.			Home/Other Address:				
MANCHESTE	R ROY	AL INFIRMARY		1 DEANERY ROAD				
OXFORD ROA	<b>AD</b>			MANCHESTER				
MANCHESTE	R							
M1 2BC				M1 1AB				
				Home Phone: 0161 123 4444				
Work Phone:	010	61 234 6666		Mobile Phone: 07987654321				
Email: J.SMI	TH@0	CMFT.NHS.UK		Email: JOHNSMITH@DOCTORS.ORG.UK				
lua uni cuati a u	Chahaa	/	+-	Doot Time on Annaintmen	· · / · · · · · · · · · · · ·	T D	Thurston and	
-		s: (e.g. resident,	settiea,	Post Type or Appointment: (e.g. LAT, Run Through, core				
work permit i	•	eu)		trainee, FTSTA etc.)  RUN-THROUGH TRAINING				
BRITISH CITIZ	EIN			KUN-THROUGH TRAININ	G			
GMC Program	nme A	Approval Numbe	r:	National Training Number: (to be completed by Postgraduate				
(to be comple	eted b	y Postgraduate [	Dean)	Dean on first registration) PLEASE CONTACT YOUR SPECIALTY				
				SCHOOL MANAGER IF UNSURE				
		OUR SPECIALTY	SCHOOL					
MANAGER IF			Or					
Specialty:	НА	EMATOLOGY		Deanery Reference Numb	per: NOT 4	APPLIC	CABLE IN NORTH	
				WESTERN DEANERY				
<u>Training Programme</u> – To be completed by trainees on programmes leading to CCT / CESR / CEGPR								
(LAT, FTSTA and core trainees in uncoupled specialties, please skip to next section: Scope of Practice)								
				•		•	·	
				e leading to award of CCT so	ubject to	satisfa	ctory progress	
- tick to accept PLEASE READ AND TICK								

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Specialty 1 for Award of CCT:		I confirm that I will be seeking specialist registration by					
HAEMATOLOGY  Specialty 2 for Award of CCT (if a	annlicable).	application for a CESR					
Specialty 2 for Award of CCT (if a	ірріісавіе):	I confirm that I will be seeking specialist registration by					
		application for a CEGPR					
		PLEASE TICK AS APPROPRIATE					
Provisional Date for CCT/CESR/C	EGPR Award:	Royal College/Faculty assessing training for the award of CCT					
01/08/2018		(if undertaking full prospectively approved programme):					
		ROYAL COLLEG	GE OF PHYSICIANS				
Initial Appointment to Programm	ne: (Full time	Date of Entry to Grade/Programme: (Substantive date started					
or % of Full time Training) FULL	TIME	in Programme of appointment) 01/08/2012					
	Self Declaration	on to be comple	eted by Trainee				
Scope of Practice –							
Since your last ARCP or if no ARCP since GMC full registration, please list, any past and present employers/HTO placements/ time out of programme/ advisory/ voluntary roles or any other activity undertaken in your capacity as a registered medical practitioner including all locum and non NHS work even if these are with current employer/HTO. (Please add more rows if required).							
Type of Work							
(OOP/clinical/non-clinical etc.)	Start Date	End date OF	Details of Employing/ Hosting				
	OF YOUR	YOUR	Organisation/GP Practice – PLEASE SPECIFY				
PLEASE INCLUDE YOUR GRADE	PLACEMENT	PLACEMENT	YOUR HOST TRUST				
EG "ST5" OR "LAT AT ST3"							
CLINICAL – SPECIALIST	01/02/2012	31/07/2012	MANCHESTER ROYAL INFIRMARY				
TRAINEE (ST3)							
OOP RESEARCH	01/08/2012	31/07/2013	UNIVERSITY OF MANCHESTER				

Significant Events - The GMC state that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented. All doctors as part of revalidation are required to record and reflect on Significant events in their work with the focus on what you have learnt as a result of the event/s.

Please note that you do not need to list any significant events that were not investigated.

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Please select one of the following: PLEASE TICK AS APPROPRIATE
I am not aware of any unresolved significant event(s) investigation(s) since my last ARCP
I have unresolved significant event(s) investigation(s) since my last ARCP
Please provide details of any investigation(s) you have been involved in since your last ARCP. Resolved investigation(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. For any unresolved investigation(s) or any not included in your portfolio please provide a brief summary and your reflection.
PLEASE ENTER BRIEF DETAILS OF SIGNIFICANT EVENTS HERE AND WHETHER REFLECTIONS ARE INCLUDED IN YOUR PORTFOLIO
Complaints - A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team or about the care of patients where a doctor could be expected to have had influence or responsibility. As a matter of probity you are obliged to include all complaints, even when you are the only person aware of them. All doctors should reflect on how complaints influence their practice.
Please select one of the following: PLEASE TICK AS APPROPRIATE  I am not aware of any unresolved complaints since my last ARCP
I have unresolved complaint(s) since my last ARCP
Please provide details of any complaint(s) you have been involved in since your last ARCP. Resolved complaint(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. For any unresolved complaint(s) or any not included in your portfolio please provide a brief summary and your reflection.
PLEASE ENTER BRIEF DETAILS OF COMPLAINTS HERE AND WHETHER REFLECTIONS ARE INCLUDED IN YOUR PORTFOLIO
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. Please use a separate sheet if required.
Probity - Probity is at the heart of medical professionalism. Probity means being honest and trustworthy and acting with integrity. Probity is covered in paragraphs 56-76 of Good Medical Practice.
I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity.
Please tick here to confirm your acceptance PLEASE READ AND TICK

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In relation to being subject to an investigation of any kind since my last ARCP: PLEASE TICK AS APPROPRIATE							
I have nothing to declare							
I have something to declare							
Please provide details of any investigation(s) you have been involved in since your last ARCP. Resolved investigation(s) should be reflected upon in your portfolio therefore please provide a brief summary and a reference to the relevant area. For any unresolved investigation(s) or any not included in your portfolio please provide a brief summary and your reflection.							
PLEASE ENTER BRIEF DETAILS OF ANY INVESTIGATIONS HERE AND WHETHER REFLECTIONS ARE INCLUDED IN YOUR PORTFOLIO							
Health - A statement of health is a declaration that you accept the professional obligations placed on you in							
Good Medical Practice about your personal health. Doctors must not allow their own health to endanger							
patients. Health is covered in paragraphs 77-79 of Good Medical Practice.							
I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health.							
Please tick here to confirm your acceptance PLEASE READ AND TICK							
I confirm this is a true and accurate declaration at this point in time and will immediately notify the deanery and my employer if I am aware of any changes to the information provided.							
and my compression and arranged and arranged to the mineral procession.							
I give permission for my past and present ARCP portfolios (covering a period of five consecutive years in total)							
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 (prescribed connection) 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.							
Trainee Signature :	PLEASE SIGN HERE	Date:	PLEASE DATE				
J			HERE				
Signature of Postgraduate		Date:					
Dean/Head of School/		_ #00.					
STC Chair/TPD:							

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