# **CCT Notification Form**

This form is part of the CCT application process and should be completed by trainees who have been issued with an Outcome 6.Please fill in all sections. You must submit your application within twelve months of completion of training.

|  |  |
| --- | --- |
| Surname |  |
| Forename |  |
| ST entry level |  |
| National Training Number (NTN) |  |
| RCOG registration number |  |
| GMC registration number |  |
| Please indicate where application includes subspecialty accreditation | Gynaecological Oncology ☐ Maternal Fetal Medicine ☐  Reproductive Medicine ☐ Urogynaecology ☐ |

# Confirmation of completion of training and CCT date

This is to confirm that the above doctor will successfully complete the specialty training programme in obstetrics and gynaecology on …………………………………………………. for the award of a CCT.

# Head of School/Deputy

Name: ………………………………………………………………………

Signature: …………………………………………………………………

Date: ………………………………………………………………………

# Candidate

Signature: ………………………………………………………………

Date: ………………………………………………………………………

# **Training Appointments**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please list all posts that are counting towards training including OOPT. If you were appointed above ST1, include posts undertaken prior to entry to the ST programme that were accepted by the Deanery/School at the time of appointment. | | | | | |
| **Dates (From and To)** | **Post/Grade** | **Hospital/Location** | **Full time** | **If LTFT indicate % WTE** | |
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| **Total duration of time in training** | | | | |  |

**ARCP Outcome Table**

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| --- | --- | --- | --- | --- |
| Please list below a record of your ARCP outcomes for each year of training | | | | |
| **Date of ARCP** | **Year of training** | **Outcome (1-8 please specify )** | **Form submitted Y/N** | **If Outcome 3 - number of months of additional time undertaken** |
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Please submit this form to: [SpecialtyTrainingCCT@rcog.org.uk](mailto:SpecialtyTrainingCCT@rcog.org.uk)

*Updated 2022*

## **How we use your information**

In accordance with the General Data Protection Regulation (GDPR) 2016 and Data Protection Act (DPA) 2018, the RCOG will process your personal data, to provide you with your member benefits and services~~,~~ and to carry out its day to day business.

RCOG requires the above information to process your application and to administrate your training records. We will store your personal information such as name, nationality, date of birth, address, telephone number, email address, employment status and location, RCOG No. and educational information. Your name and RCOG number will be used to verify your identity.

Where RCOG is required to confirm details of your qualifications and membership we will only share this data with bona fide third parties. These include governmental and medical regulatory bodies, educational institutions and prospective employers. The information will only be released where there is a statutory, regulatory or lawful basis to do so and RCOG will obtain your consent where we do not.

Full information on how the RCOG processes your personal data can be found in our [Data Protection Policy](https://www.rcog.org.uk/en/about-us/policies/data-protection-policy/) and [Privacy Policy](https://www.rcog.org.uk/en/legal/privacy-policy-cookies/) on our website: [www.rcog.org.uk](http://www.rcog.org.uk) .

If you are unhappy with the way we are processing your data and would like to make a complaint or wish to make an [individual rights request](https://www.rcog.org.uk/en/about-us/policies/data-protection-policy/individual-rights-requests/), please contact the Research and Information Services Team at [dataprotection@rcog.org.uk](mailto:dataprotection@rcog.org.uk) or in writing to:

Royal College of Obstetricians and Gynaecologists

10 – 18 Union Street

London

SE1 1SZ

If you are unhappy with the response you receive or wish to make a complaint to the Information Commissioner’s Office. Please see the ICO website for details: <https://ico.org.uk/make-a-complaint/your-personal-information-concerns>.