# **Combined Programme CCT Registration Form**

This form should be completed by trainees who have entered the specialty training programme above ST1. Please submit this form to SpecialtyTrainingCCT@RCOG.org.uk following your first ARCP to obtain a supporting letter from the College.

|  |  |
| --- | --- |
| Surname |  |
| Forename |  |
| RCOG registration number |  |
| Date commenced in programme |  |
| ST level on entry to programme  |  |
| ST level agreed following first ARCP |  |
| Projected CCT date  |  |

# Confirmation of training

This is to confirm that the posts listed below were assessed as being suitable to count towards training at the time of appointment to the Specialty Training Programme in Obstetrics and Gynaecology.

# Head of School

Name: ………………………………………………………………………

Signature: …………………………………………………………………

Date: ………………………………………………………………………

# Trainee

Name: ………………………………………………………………………

Signature: …………………………………………………………………

Date: ………………………………………………………………………

Please provide details of previous posts in obstetrics & gynaecology prior to entry to the specialty training programme - this would be the experience considered at the time of appointment.

|  |  |  |
| --- | --- | --- |
| Type of Appointment (e.g. LAT, LAS, Clinical Fellowship, SHO, overseas posts etc) | Hospital/Location | Dates |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please submit this form to: SpecialtyTrainingCCT@rcog.org.uk