

Application for recognition of LAT/FTSTA for a CCT/CESR[CP]

Part 1 [To be completed by the Trainee]

Personal details

National Training Number _____

College Reference Number _____

Surname _____

Forenames _____

School of Anaesthesia _____

Date of Primary FRCA¹ (DD/MM/YYYY) / /

Completed training			
Name of Hospital	Dates from/to [dd/mm/yy]	Units of Training Completed	FTSTA or LAT

Please state how much of the above training period you wish to be considered towards your CCT training and please enclose a copy of your ARCP for this period:

Signature _____

Date (DD/MM/YYYY) / /

Part 2 [To be completed by the Programme Director/Regional Adviser who supervised the trainee]

Please state how much of the above training, in your opinion, should be counted towards the trainee's CCT/CESR[CP] training and at what level. Please indicate the supporting documentation held locally i.e. satisfactory RITAs¹, work place assessments etc.

¹Or recognised examination defined in paragraph 19 [exempting qualifications] of the RCoA Primary and Final FRCA Examination Regulations

Name _____

Signature _____

Date (DD/MM/YYYY) / /

For Office Use Only

Reviewed by the Medical/Deputy Medical Secretary to the Training Committee

Signature _____

Date (DD/MM/YYYY) / /