

**APPENDIX 1
FORM R**

Registering for Postgraduate Specialty Training

*To be confirmed on appointment to/on entering specialty training and **before** a National Training Number (NTN) is issued, where this is appropriate. **Must be updated and submitted annually** to the Postgraduate Dental Dean in order to renew registration for specialty training*

Forename(s)		GDC-registered surname		Please attach a passport size photo
Deanery				
Date of birth	Gender	Immigration status		
Home address		Home Tel		
		Mobile Tel		
		Email address (essential)		
Dental School awarding primary qualification <i>(name, country and date)</i>				
GDC registration number		GMC registration number (if applicable)		
I confirm (✓) that I am undertaking post-CCST training			I confirm (✓) that I have been appointed to a programme leading to award of a CCST, subject to satisfactory progress	
Specialty for award for CCST		Specialty 2 for award of CCST (if appointed to other certification programme)		
Post type or appointment <i>(run through, StR, post-CCST)</i>		Date of entry to grade/programme (dd/mm/yy)		
Fulltime or % of full time training		Provisional date from deanery for award of CCST (dd/mm/yy)		
National Training Number (NTN) <i>(to be completed by deanery on first registration)</i>				

I confirm that the information recorded in Form R is correct.

Specialty Trainee

Date

Postgraduate Dental Dean

Date