# **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 *(name, country and date)* | | | | | | | | |
| 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 (*run through, StR, post-CCST*) | | | | 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) *(to be completed by deanery on first registration)* | | | | | | | | |

I confirm that the information recorded in Form Ris correct.

**Specialty Trainee Date**

**Postgraduate Dental Dean Date**