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| **SUMMARY OF CLINICAL EXPERIENCE FOR PENULTIMATE YEAR ASSESSMENT** |

**Section 1 PLEASE COMPLETE FORM IN BLACK INK AND BLOCK CAPITALS**

|  |  |  |
| --- | --- | --- |
| **Last name:** | **Forenames:** | **Date of birth:**  **---------------------------------------------------------------------------**  **GMC Number:** |
| **Address for correspondence:**  **Post Code:** | | **Phone:**  **Fax:**  **E-mail:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Specialty 1** | **Specialty 2** | **Date of MRCP: (or equivalent)** | **Date of PYA:** |
| **Date of appointment to SpR grade:** | **Provisional date for CCT:** | **NTN/VTN:** |  |

**Section 2 RESEARCH - If you are counting Research towards your CCT, has this been approved by the SAC? 🞏 Yes 🞏 No (please tick box)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of Research Project:** | | | |
| **Research start date:**  **(dd/mm/yy)** | **Location of Research post:** | ***Expected* return to full time clinical training*:* (dd/mm/yy)** | **Expected CCT credit for research (months).** |
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| **SUMMARY OF CLINICAL EXPERIENCE FOR PENULTIMATE YEAR ASSESSMENT** |

**Section 3 Post-MRCP experience in the Registrar/Senior Registrar/Specialist Registrar grade**. List all posts chronologically. Provide *information* aboutthenature of your on call commitment including post-receiving rounds, out-patient clinics and ward rounds. Use a separate sheet if necessary. Please include maternity leave dates and flexible training sessions, LAT appointments and overseas appointments and any other out of programme experience. Please indicate number of weekly sessions if flexible training.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hospital/Trust  or Academic Department | Grade  Reg/SR/SpR | Specialty(ies) | From  **(dd-mm-yy)** | To  **(dd-mm-yy)** | Training Details  On Call Ward Rounds Outpatients Procedures/Specialty Clinics | | | |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| ***By entering my name in BLOCK CAPITALS, I confirm that the information supplied in this form is correct:*  NAME: Date:** | | | | | | | | |