

Form R

Registration for Postgraduate Training and Annual Monitoring of Registration

By signing this document, you are confirming that ALL details (pre-populated or entered by you) are correct.

Section 1: Dentist's Details

Name			
Surname GDC registered			
GDC No GMC No if applicable			
Date of Birth		Gender	
Mobile No		E-mail	
Current Deanery / HEE Office			
End of Training / CCST Date			
Training Programme / Specialty			
Dual Specialty if applicable			
FT / LTFT (%)			

Section 2: Whole Scope of Practice

Please list all placements **in your capacity as a registered dental practitioner since your last RCP**. This includes: (1) each of your training posts if you are or were in a training programme; (2) any time out of programme, e.g. OOP, maternity leave, unpaid leave, career break, etc.; (3) any other paid or voluntary or advisory work, within or outside of the NHS, including salaried or self-employed dental practice (4) any work as a locum.
Please add more rows if required or attach additional sheets for printed copy and entitle 'Appendix to Scope of Practice'.

Type of Work (e.g. name and grade of specialty rotation, OOP, maternity leave, etc.)	Start Date	End date	Was this a training post? Yes/No	Name and location of Employing / Hosting Organisation Please use full name of organisation/site and town/city, rather than acronyms

Number of 'TOOT' days	TIME OUT OF TRAINING ('TOOT') Self-reported absence whilst part of a training programme <u>since last RCP</u> or, if no RCP, since initial registration to programme. Time out of training should reflect days absent from the training programme and is considered by the RCP panel in recalculation of the date you should end your current training programme.			
TOOT should include: ✓ short- and long-term sickness absence; ✓ unpaid/unauthorised leave; ✓ maternity/paternity leave; ✓ compassionate paid/unpaid leave ✓ jury service; ✓ career breaks within a programme (OOPC) and non-training placements for experience (OOPE).		TOOT should not include: ✗ study leave; ✗ paid annual leave; ✗ prospectively approved Out of Programme Training/ Research (OOPT / OOPR); ✗ periods of time between training programmes (e.g. between core and higher training).		
Section 3: Declarations relating to Good Clinical Practice				
Please insert ✓ to confirm your acceptance If you wish to make any declarations in relation to honesty & integrity, please do this in Section 6.				
1 I declare that I accept the professional obligations placed on me in the GDC's Standards for the Dental Team in relation to honesty & integrity.				
2 I declare that I accept the professional obligations placed on me in the GDC's Standards for the Dental Team about my personal health.				
3a Do you have any GDC conditions, warnings or undertakings placed on you by the GDC, employing Trust or other organisation? If answered Yes - Go to Q3b If answered No - Go to Q4				
3b If Yes, are you complying with these conditions / undertakings? If answered Yes – Go to Q4				
4 I declare that there are no issues around my health which affect my ability to comply with the GDC Standards for the Dental Team's requirement that dentists must not allow their own health to endanger patients. Answer Yes or No				
Section 4: Significant Events, Complaints or Other Investigations				
DO NOT INCLUDE ANY PATIENT-IDENTIFIABLE INFORMATION ON THIS FORM				
1 Have all previously declared Significant Events, Complaints or Other Investigations since your last RCP been resolved (N.B. you are required to have written a reflection on these in your Portfolio). Answer Yes or No				
2 Have you been involved in any Significant Events, Complaints or Other Investigations since your last RCP? Please insert ✓ to confirm				
I do NOT have anything new to declare since my last RCP.				
I HAVE been involved in significant events/complaints/other investigations since my last RCP.				

3 If you have been involved in any significant events/complaints/other investigations since your Last RCP please give details below, including whether the issue is resolved or not (N.B. you are required to have written a reflection on these in your Portfolio).

Section 5: Declaration

I confirm this form is a true and accurate declaration at this point in time, and I will immediately notify my deanery/HEE office and my employer if I am aware of any changes to the information provided in this form.

I give permission for my past and present portfolios to be viewed by my Postgraduate Dental Dean (PGDD) and any appropriate person nominated by the PGDD. Additionally, if my PGDD or Designated Body changes during my training period, I give permission for my current PGDD to share this information with my new PGDD.

Section 6: Additional Declaration if applicable

Trainee

Signature

Date