

Form G: Final Record of Satisfactory Progress

(to be completed on satisfactory completion of a CCT programme and forwarded to the relevant Royal college of Faculty)

Region: _____ Deanery: _____

Name: _____ NTN/VTN/FTN: _____

Speciality: _____ Training programme reference: _____

Royal College/Faculty recommending award of CCT: _____

Date of final review:

Period covered: from:..... to.....

Circle if assessing result of Stage 2 or Stage 2 of Required Additional Training: Stage 1 Stage 2

Experience gained during period of review (full details of programme should be attached):

<i>Placement / Post Experience</i>	<i>Dates: from to</i>	<i>In/out of Programme</i>	<i>PT/FT</i>	<i>Pt Tm as % FT</i>
1				
2				
3				
4				
5				

Documentation taken into account during the review and known by the trainee:

- 1
- 2
- 3
- 4
- 5

(Name).....

has successfully completed all the assessment requirements for his/her prescribed CCT training programme.

He/she will formally complete the required training programme on dd/mm/yy

Chairman of Speciality Training Committee (signature) Date

I confirm that:

- | | | | | |
|----|--|----------|----------|----------|
| a) | I intend to remain in the grade during the six month "period of grace" and wish to retain my NTN/VTN | (circle) | Y | N |
| b) | my training is now concluded and I no longer require a NTN/VTN | | Y | N |
| c) | the core information <i>Form A</i> and any amendments to it <i>Form B</i> are correct. | | Y | N |

Specialist Registrar (signature)

Date: