RECORD OF IN-TRAINING ASSESSMENT (RITA)
SPECIALIST REGISTRAR GRADE

FORM A: Core Information on Specialist Registrar (to be confirmed on entering grade or receiving an NTN)

1 Region:	2 Deanery:
3 Full name:	4 Date of birth: (*dd /mm/yy)*
5 Sex:	6 GMC Registration No:
7 Medical school awarding primary qualification: *(name and country)*	8 Year of primary qualification: *(dd/mm/yy)*
9 Immigration status: *(indicate if permit free/work permit)*	10 NTN:
11 Primary contact address:	12 Home/other address:
13 Programme eligible for award of CCT: Y / N (if no state its purpose)	14 Date of entry to grade/ programme: *(dd/mm/yy)*
15 Speciality 1 for award of CCT:	16 Estimated date of award of CCT: *(mm/yy)*
17 Speciality 2 for award of CCT: *(if awarded as "Dual Certification")*	18 Initial appointment to programme Full / Part-Time *(Express Flexible Training as a % of Full Time Training)*
19 Royal College/Faculty assessing training for the award of CCT:	20 College Diploma or part thereof or equivalent and Postgrad Academic qualification.
Additional training activities if undertaken:	
21 Sub-speciality training programme 1:	22 Sub-speciality training programme 2:
23 Experience in Research/ Academic medicine	24 Other activities while holding NTN: (Please state)

I confirm that the core information recorded in *Form A* is correct and that I understand the arrangements for reviewing progress within the Specialist Registrar Grade or while I hold an NTN allocated by the Postgraduate Dean.

Registrar *(signature)* ..... Date .....

Chairman of Specialist Training Committee (*signature*) ..... Date .....

Date of First Review .....