**Chief registrar appointment details**

Please provide details of successful chief registrar appointees and return this form to [chiefregistrar@rcplondon.ac.uk](mailto:chiefregistrar@rcplondon.ac.uk).

**Details to be completed by chief registrar:**

|  |  |
| --- | --- |
| Full name |  |
| Trust/health board |  |
| Hospital at which the chief registrar will be based |  |
| Email address |  |
| Phone number |  |
| Home address |  |
| Twitter handle |  |
| Specialty |  |
| Training grade when starting the chief registrar post (must be ST4 minimum) |  |
| National training number *(n/a if CESR-CP)* |  |
| Any dietary requirements? |  |
| Happy for contact details to be recorded and shared with the following: | Other chief registrars  RCP regional teams and members of relevant committees (e.g. trainees committee)  Relevant external organisations (e.g. partners of the RCP such as the Health Foundation) |
| How did you find out about the chief registrar programme? |  |

**Details to be completed by NHS trust or Health board:**

|  |  |
| --- | --- |
| Training status of chief registrar (in programme, out of programme training [OOPT] or out of programme experience [OOPE]) |  |
| If OOPT, how much credit is being counted or is expected to be counted towards training? |  |
| Full time or less-than-full-time (LTFT) trainee? *(please give details of protected time arrangements if LTFT)* |  |
| Expected start date as a chief registrar |  |
| Expected end date as a chief registrar *(please enter even if provisional)* |  |

**Nominated local mentor/supervisor details:**

|  |  |
| --- | --- |
| Name |  |
| Job title *(please note the mentor should be a senior clinical leader/manager within the trust/health board i.e. medical director or nominated deputy)* |  |
| Email address |  |
| Phone number |  |