



FACULTY OF PAIN MEDICINE

of the Royal College of Anaesthetists

TRAINEE REGISTRATION FORM

This form is **ONLY** for use by medical practitioners employed in the United Kingdom in a substantive training post who are undertaking Higher and/or Advanced Pain Medicine training. Trainees must have passed both the Primary and Final Fellowship examinations of the Royal College of Anaesthetists or equivalent before undertaking Higher and/or Advanced Pain Medicine training (this **must** be clearly denoted in *Part 4* of this form). This form **must** be counter-signed by the local RAPM.

This form **must be completed in full** using the PDF version of the document. All information must be submitted electronically. Electronic signatures are accepted. Please **do not** alter the format.

Please submit your completed form to contact@fpm.ac.uk. Submission is acknowledged via email.

Part 1 Personal details

1.1 Title:	1.2 First name(s):	1.3 Last name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
1.4 Permanent address and Postcode:		1.5 Telephone No: (<i>Home</i>)
<input type="text"/>		<input type="text"/>
		1.6 Telephone No: (<i>Work</i>)
<input type="text"/>		<input type="text"/>
1.7 Gender:	1.8 Date of Birth:	1.9 Email address:
<input type="text"/>	<input type="text"/>	<input type="text"/>
1.10 RCoA Ref No: (<i>if applicable</i>)	1.11 National Training No:	1.12 GMC No:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2 Qualifications

2.1 Primary Medical Qualification:	2.2. Conferring Institution:	2.3 Date of Graduation:
<input type="text"/>	<input type="text"/>	<input type="text"/>
2.4 Postgraduate Primary Qualification (<i>e.g. Primary FRCA</i>):	2.5 Date awarded Postgraduate Primary:	
<input type="text"/>	<input type="text"/>	
2.6 Postgraduate Final Qualification (<i>e.g. Final FRCA</i>):	2.7 Date awarded Postgraduate Final:	
<input type="text"/>	<input type="text"/>	

2.8 Other Qualifications: *(Please specify name of awarding body and date awarded)*

Part 3 Training in Pain Medicine

Please give details of **ALL** planned or previously undertaken modules of Pain Medicine training. This should include rotations to other hospitals and any planned time Out Of Programme. Please note that all OOPT in Pain Medicine **must** be prospectively approved by the FPM, the RCoA and the GMC, otherwise such training will **not** be counted toward a CCT/CESR(CP) in Anaesthetics. If any posts were not full time, this should be noted and the percentage of time shown.

Higher Training in Pain Medicine						
Post (% if not full time)	Place	Start			Finish	
		DD	MM	YY	DD	MM

Advanced Training in Pain Medicine						
Post (% if not full time)	Place	Start			Finish	
		DD	MM	YY	DD	MM

Part 4 Trainee Declaration

I wish to register with the Faculty of Pain Medicine as undertaking: *(Please check one or both as appropriate)*

- Higher Pain Medicine training *and/or* Advanced Pain Medicine training
 Post CCT Fellowship (if applicable) *or* Pain Fellowship post (if applicable)

The Faculty trainee representative runs a WhatsApp group for all new trainees. Please tick the below box if you give consent for your email and mobile phone details to be sent to your trainee rep:

I consent for my email address and mobile number to be shared with the Faculty trainee representative.

In order to receive Faculty updates please tick the box below:

I consent to receive Faculty updates via email.

I undertake to give the Faculty notice of any change in the above or any other change in my training programme. This form will comprise part of the paperwork required for obtaining Fellowship of the Faculty by Examination. Failure to submit the form may affect my application.

4.1 Trainee Signature

4.2 Date


Part 5
Supporting Signature

I undertake to notify the Faculty of Pain Medicine of any change in this trainee's programme.

Regional Advisor in Pain Medicine (RAPM)

5.1 Signature

5.2 Date

5.3 RA Name

5.4 Region

Data Protection Statement

The Faculty of Pain Medicine (FPM) is fully committed to the principles of data protection, as set out in the General Data Protection Regulation (GDPR). The FPM relies on legitimate interests as the lawful basis for processing of personal data. We process and maintain personal data about you so that we can manage your membership, provide you with appropriate products and services and share information with you about FPM activities.

The information provided on this form will be processed and shared with those involved in the delivery of your training, namely Regional Advisors, College Tutors, Postgraduate Deans and relevant deanery staff and the GMC. Sharing of the data in this way is necessary for you to progress through the RCoA CCT Training Programme.

We will only use your information for the purposes as described and will not pass on your details to other third parties unless you have given us consent to do so.

We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.

You have the right to ask for a copy of the information we hold about you and to have any inaccuracies in your information corrected. If you have any questions about data protection or require further information, please email contact@fpm.ac.uk.