

NATIONAL HEALTH SERVICE
Vocational Training For General Practice

STATEMENT OF SATISFACTORY COMPLETION OF A PERIOD OF TRAINING
AS A GP REGISTRAR

(A separate form must be completed for each post held)

Dr (full name) _____

GMC Full Registration No: _____ National GP Training No: _____

Address: _____

Has, for the purposes of the National Health Service (Vocational Training for General Medical Practice) and European Requirements (Amendment) Regulations, 1997 satisfactorily completed the period of training detailed below:

..... months, from Day Month Year, to Day Month Year

as a GP Registrar under my instruction and supervision.

Please delete as appropriate:

- * the training was whole-time
- the training was part-time and the ratio of part-time to whole-time was _____

Signed _____ Date _____
(an approved general practice trainer)

TRAINER'S NAME & PRACTICE ADDRESS

ENDORSEMENT OF THE TRAINER'S SIGNATURE BY
DIRECTOR OF POSTGRADUATE GENERAL PRACTICE
EDUCATION OR NOMINATED DEPUTY

_____ Date _____

TO BE COMPLETED BY THE DIRECTOR OF POSTGRADUATE GENERAL PRACTICE EDUCATION ON
COMPLETION OF THE FINAL PERIOD IN GENERAL PRACTICE

I certify that s/he has passed all elements of summative assessment as laid down by the Joint
Committee on Postgraduate Training for General Practice:

Signed _____ Date _____

Director of Postgraduate General Practice Education:

After signature, this form should be returned to the trainee named above for safekeeping.

GP Registrars:

You will need to send this form to the JCPTGP, 14 Princes Gate, Hyde Park, London SW7 1PU (Tel. 0207 581 3232) with any other VTR1 forms, your VTR2/forms and a copy of your GMC Registration Certificate.

Please enclose a letter quoting your full name and address for correspondence.

See overleaf

NATIONAL HEALTH SERVICE
Vocational Training For General Practice

**STATEMENT OF SATISFACTORY COMPLETION OF A PERIOD OF TRAINING
IN AN INNOVATIVE TRAINING POST - SUPPLEMENTARY FORM**

Dr (full name) _____

GMC Full Registration No: _____

National GP Training No: _____

Address: _____

Has, for the purposes of the National Health Service (Vocational Training for General Medical Practice) and European Requirements (Amendments) Regulations, 1997 satisfactorily completed the period of training detailed below:

Speciality _____

Location _____

Dates from _____ to _____

Name _____

(Consultant or other person who has supervised the practitioner's training)

Signed _____

Post _____

Date _____