



RCP Chief Registrar Programme 2024-25

Chief Registrar appointment details

Please provide details of successful chief registrar appointees and return this form to chiefregistrar@rcp.ac.uk.

Details to be completed by chief registrar:

Full name	
Organisation	
Hospital at which you will be based	
Email address	
Phone number	
Home address	
Specialty	
Training grade when starting the chief registrar post (must be ST4 minimum)	
Any dietary requirements?	
Any accessibility requirements?	
Please indicate preference of cohort location preference for RCP teaching days:	<input type="checkbox"/> London <input type="checkbox"/> Liverpool <input type="checkbox"/> Online (<i>Please note whilst the online cohort teaching days will mainly be online, the first and last days of teaching take place all together in London</i>)

Happy for contact details to be recorded and shared with the following:	<input type="checkbox"/> Other chief registrars <input type="checkbox"/> Alumni chief registrars <input type="checkbox"/> RCP regional teams and members of relevant committees (e.g. trainees committee) <input type="checkbox"/> 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? <i>(please give details of protected time arrangements if LTFT)</i>	
Expected start date as a chief registrar	
Expected end date as a chief registrar <i>(please enter even if provisional)</i>	

Nominated local mentor/supervisor details:

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

Nominated finance contact for payment:

Name	
Job title	
Email address	
Phone number	