

SCHEDULE 3

INFORMATION TO BE INCLUDED IN STATEMENTS OF SATISFACTORY COMPLETION OF TRAINING

PART I

Information to be included in a statement of satisfactory completion of the prescribed experience as a General Practice (GP) Registrar

Doctor's name and address

GMC Full Registration Number

Dates between which training took place, and total duration of training in months

Whether training was full-time or part-time, and if part-time, what ratio to full-time

Name and practice address of trainer or trainers

Statement that the doctor has passed summative assessment

Date of signatures required by regulation 9(5)(a)