

SCHEDULE 3

INFORMATION TO BE CONTAINED IN STATEMENTS OF SATISFACTORY COMPLETION OF TRAINING

Part II

Information to be contained in a statement of satisfactory completion of a period of prescribed experience in a post falling within regulation 8

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 address of hospital or community post

Number of hospital or community post or other reference, where available

Name of post and hospital grade, if appropriate

Speciality of post

Name, grade and professional address of doctor supervising training

Statement of satisfactory completion of training

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