

**ACCP Trainee Registration Form**

**This form is ONLY for use by practitioners** employed in the United Kingdom in a substantive training post who are undertaking Higher and/or ACCP training. This form **must** be counter-signed by the local clinical lead for ACCP training and the ACCP programme director.

**This form must be completed in full** using the Word 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@ficm.ac.uk](mailto:contact@ficm.ac.uk). Submission is acknowledged via email.

**Personal Details**

**Part 1**

1.1 Title: 1.2 First name(s): 1.3 Last name:

1.4 Permanent address and Postcode: 1.5 Telephone No: (*Home*)

1.6 Telephone No: (*Work*)

1.7 Gender: 1.8 Date of Birth: 1.9 Email address:

1.10 Base profession: 1.11 NMC/HCPC No: 1.12 Expiry date:

**Training**

**Part 2**

2.1 Higher Education Institute:

2.2 HEI Programme Title:

2.2 Module lead: 2.5 Email address:

2.4 Training Centre:

2.5 Training start date: 2.6 Expected completion date:

**Trainee Declaration**

**Part 3**

I wish to register as an ACCP Trainee with the Faculty of Intensive Care Medicine and understand to give the Faculty notice of any change in this training programme.

I confirm that, to the best of my knowledged, all of the information I have provided in this application represents a true and accurate statement.

Under the Data Protection Act, I accept that the information provided on this form may be processed and passed to the ACCP Advisory Group, employers etc for legitimate purposes connected with my training.

**3.1 Trainee Signature** **3.2 Date**

**Supporting Signatures**

**Part 4**

**Clinical Lead**

**I can confirm that the above named trainee is undertaking an ACCP training programme in line with the 2015 ACCP Curriculum.**

4.1 Signature: 4.2 Date:

4.3 Clinical Lead Name: 4.4 Hospital:

**ACCP Programme Director**

**I can confirm that the above named trainee employed in a designated ACCP training post and is registered on a PGDip level ACCP programme which meets the requirements of the FICM ACCP Curriclum 2015.**

4.5 Signature: 4.6 Date:

4.7 Please print name: 4.8 Hospital: