**Application for Accreditation of Transferable Capabilities & Combined Training**

Accreditation of Transferable Capabilities (ATC) and Combined Training (CP) allows doctors in training greater flexibility in transferring from one specialty to another. By recognising common and transferable competencies, this may allow a reduction in training by up to twelve months.

For information see the RCGP Website –

<https://www.rcgp.org.uk/your-career/qualifying-as-a-gp/combined-training>

<https://www.rcgp.org.uk/getmedia/e66ebe77-1af7-4f09-96b8-f88d831fe31e/Combined-Training-Detailed-Process-Guidance.pdf>

Please complete sections 1 – 4 and send the form by e-mail to the GP Programme at [gptraining.nw@hee.nhs.uk](mailto:gptraining.nw@hee.nhs.uk)

\*\* Please only complete this form if you declared on your application that you wish to apply for ATC or CP

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART 1: Applicant Details** | | | | | | | | | | | | | |
| Last Name: | |  | | | | First Name: | |  | | | | | |
| GMC Number: | | | | | |  | | | | | | | |
| Mobile No: | |  | | | E-mail address: | | | | |  | | | |
| **PART 2: GP Training Programme Details** | | | | | | | | | | | | | |
| Start date | | |  | Programme appointed to | | | | | | | | | |
| **PART 3: Details of specialty to be accredited:** | | | | | | | | | | | | | |
| Specialty: | | |  | Area: | | | | | | |  | | |
| Start date | | |  | Date completed | | | | | | |  | | |
| Final ARCP Outcome | | |  | Date Received | | | | | | |  | | |
| **PART 4: Declaration** | | | | | | | | | | | | | |
| 1. I confirm that I have accepted an offer of a place on the NHS England, North West GP training programme. 2. I will liaise closely with my Training Programme Director, the GP School and the lead employer team so that the start of my training programme can be facilitated. 3. I confirm that the information given in this application is accurate to the best of my knowledge and belief. | | | | | | | | | | | | | |
| Signature |  | | | | | | Date | | | | |  |  |
| Print Name | | | | | | |  | | | | |  |  |
| **PART 5: To be completed by the GP Head of School** | | | | | | | | | | | | | |
| **Declaration:**  I confirm this application is appropriate and agree the applicant is eligible to start the application process . | | | | | | | | | | | | | |
| **GP Head of School Name:** | | | | | | | | | **Date:** | | | | |
| **GP Head of School Signature** | | | | | | | | | | | | | |