**PUBLIC HEALTH REGISTRAR TRAINING RECORD**

|  |  |
| --- | --- |
| **Name:** | |
| **Date of appointment to training:** | **NTN number:** |

**Training locations (% FTE)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location** | **From** | **To** | **% FTE** | **Duration (months FTE)** | **Total** |
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| **Expected CCT date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Exam attempts** | **Part A** | **Date** | **Result** |
| **Date** | **Result** |
| **Date** | **Result** |
| **Date** | **Result** |
| **Part B** | **Date** | **Result** |
| **Date** | **Result** |
| **Date** | **Result** |