RECORD OF IN-TRAINING ASSESSMENT (RITA)
SPECIALIST REGISTRAR GRADE

Form B: Changes to core information (Form A) (*to be confirmed at annual review or equivalent)*

Region: ---------- **Deanery:** ----------

Name: ---------- **NTN (or VTN):** ----------

Speciality: ---------- **Training programme reference:** ----------

Royal College/Faculty recommending award of CCT: ----------

Item No	Descriptor	Amendment	Date of Change	Authorisation (Chairman STC)
11	Primary Contact Address			
12	Other/home Address			