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**SURGICAL EXPERIENCE ASSESSMENT FORM**

**Course Attendee Name:**

**Name of the Attendee’s Home Institution:**

**Part I – General Evaluation of the Centre**

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| **Minimally-invasive procedures per centre** | **2018** | **2019** |
| Number of laparoscopic gynaecological oncology cases in the centre |       |       |
| Number of robotic gynaecological oncology cases in the centre |       |       |
| Number of open surgical gynaecological oncology cases in the centre |       |       |

**Part II – Evaluation of the Course Attendee\***

|  |  |  |
| --- | --- | --- |
| **Technical evaluation and surgical skills of the Attendee** | **2018** | **2019** |
| Number of endometrial cancer cases treated by MIS |       |       |
| Number of cervical cancer cases treated by MIS |       |       |
| Number of peritoneal staging performed by MIS |       |       |
| Number of sentinel lymph node cases performed by MIS |       |       |
| Number of pelvic lymphadenectomy performed by MIS |       |       |
| Number of para-aortic lymphadenectomy performed by MIS |       |       |

**\*Attendee inclusion criteria:**

* Age ≥35 years
* Completion of training in gynaecologic oncology (if in a country with recognised accreditation) or at least 5 years’ experience in gynaecologic oncology

Please fill in the 2018 column for both parts I and II and upload this Surgical Experience Assessment form during the application process, along with your CV and Motivation statement. It will serve for the scoring and selection of course participants.

The 2019 column should be returned to us after one year, so that we can see your and your

centre’s progress. We thank you in advance for filling out this form, as it is very important

for our statistics and for the evaluation of the course.