



APPLICATION FORM
Certification of European Gynaecological Oncologist

PART I
Application Form

To be filled in before the start of certified training

1. Fellow:

Name of Fellow		
Date of Birth (dd/mm/yy)		
Date of medical degree		
Date of recognition as an Ob/Gyn specialist		
Private telephone:		E-mail:

2. Institution:

Institution/Hospital		
Department of training		
Full address institution:		
Website of the institution:		
Nr of ESGO accredited training positions:		
National accreditation:		
Telephone institution:		Email
Head of the Department (name):		

Telephone		Email
Supervisor fellow's programme (name):		
Telephone		Email

Intended period of fellowship:

From:	To:
--------------	------------

Declaration that the fellow will follow the proposed programme:

Place:

Date:

Place:

Date:

Signature of fellow

Signature of supervisor

PART II

Fellow's report and Application for recognition

To be filled after completing the accredited training

Period of fellowship:

From:	To:
--------------	------------

List any changes in the original programme:

Please separately include a copy of the Log Book.

Declaration that the fellow has fully attended the fellowship programme:

Place:

Date:

Place:

Date:

Signature of fellow

Signature of supervisor

Kindly fill in the Application form and send to ESGO Administrative office at adminoffice@esgomain.org (exclusively by e-mail).