

*APPLICATION FORM*

***Certification of European Gynaecological Oncologist***

**PART I**

**Application Form**

To be filled in before the start of accredited 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:** |

1. **Institution I:**

|  |  |  |
| --- | --- | --- |
| **Institution/Hospital** |  | |
| **Department of training** |  | |
| **Full address institution:** |  | |
| **Website of the institution:** |  | |
| **Nr of ESGO accredited training positions in the department:** |  | |
| **National accreditation:** |  | |
| **Telephone institution:** |  | **E-mail** |
| **Head of the Department (name):** |  | |
| **Telephone** |  | **E-mail** |
| **Training Programme Director:** |  | |
| **Telephone** |  | **E-mail** |
| **Educational Supervisor** |  | |
| **Telephone** |  | **E-mail** |

**Institution II (if applicable):**

|  |  |  |
| --- | --- | --- |
| **Institution/Hospital** |  | |
| **Department of training** |  | |
| **Full address institution:** |  | |
| **Website of the institution:** |  | |
| **Nr of ESGO accredited training positions in the department:** |  | |
| **National accreditation:** |  | |
| **Telephone institution:** |  | **E-mail** |
| **Head of the Department (name):** |  | |
| **Telephone** |  | **E-mail** |
| **Training Programme Director:** |  | |
| **Telephone** |  | **E-mail** |
| **Educational Supervisor** |  | |
| **Telephone** |  | **E-mail** |

**Intended period of fellowship:**

|  |  |
| --- | --- |
| **From:** | **To:** |

Declaration that the fellow will follow the proposed training programme (to be attached!):

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:

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