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*APPLICATION FORM*

***Accreditation 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** |  |
| **Full private address:** |  |
| **Private telephone:** |  |  **E-mail:** |

1. **Institution:**

|  |  |
| --- | --- |
| **Institution/Hospital** |  |
| **Full address institution:** |  |
| **ESGO –EBCOG accreditation dd/mm/yy** |  |
| **Nr of accredited positions:** |  |
| **Telephone institution:** |  | **Email** |
| **Head of the Department (name):** |  |
| Telephone |  | **Email** |
| **Supervisor fellows 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@esgomail.org****(exclusively by e-mail).***

ESGO Administrative Office

c/o LOCUS Workspace, Krakovska 22, 110 00 Prague 1, Czech Republic

 E-mail : adminoffice@esgomail.org , [www.esgo.org](http://www.esgo.org)