
APPLICATION FORM

Accreditation of European Training Centre in Gynaecological Oncology

1. General Information

Hospital name: _____

Address: _____

General e-mails: _____

Telephone: _____

Fax: _____

Website: _____

Type of hospital :

Regional

Community

Is it part of a General Hospital ?

Yes

No

Unit / Department: _____

University Department: _____

Stand Alone Centre:

Yes

No

Head of the department: _____

E-mail : _____

Trainees' Supervisor (if different then above): _____

E-mail : _____

2. Information about the Training Center

For each question below, please answer by a number on the right :

Number

Population of area served by hospital	
Number of beds in the department (gyne-oncology)	
Number of new clinical cases per year (new patients)	
Total number of gyne-onc surgical procedures/per year (e.g. diagnostic laparoscopies, curettages procedures, hysteroscopies, laser conizations, endometrial procedures)	
Number of primary radical surgical procedures in new genital cancer cases per year	
<i>Remarks</i> (please comment):	

In countries where breast cancer is performed by gynaecological oncologists: Number of new invasive cases per year	
---	--

3. Information about received accreditations

In principle, a subspecialty accreditation should follow a recognition of the basic training in Obstetrics and Gynecology by EBCOG and/or a national body (not applicable if the centre is not an integral part of a general dept of Obstetrics and Gynaecology).

The centre is certified for basic training in Obstetrics and Gynaecology by	
National body	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of the accreditation body: _____	
Date of the accreditation: _____	
Accreditation is valid until (date): _____	
 EBCOG	 <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of the accreditation: _____	
Accreditation is valid until (date): _____	

4. The national training programme in Gynaecologic Oncology:

Is there a national training programme?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please send us a copy on the email address stated below.		
If the national training programme does not exist, the centre should follow the ESGO Training Programme and Logbook.		
<i>In any case, a formal Training Programme and Tutorship should be established and be presented in English WITH this application.</i>		
Remarks (please comment) :		

5. Medical Staff (doctors)

For each question below, please answer by a number on the right :

Number

Specialists (Gyneacological-Oncologists)	
Fellows (in Gynaecological Oncology)	

6. General Characteristics of the Training Centre

Availability within the same Hospital of:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Hematologic laboratory | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Radiodiagnostics | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Outpatients clinic | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Anaesthesiology | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Intensive/Subintensive care | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Endoscopy | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Pathology – Frozen section | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Cytology | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Radiotherapy (both EBRT and brachytherapy) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Medical Oncology | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <hr/> | | |
| 11. Data collection | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Psycho-Oncology | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Nuclear Medicine | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. Plastic and Reconstructive Surgery | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. Vascular Surgery | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 16. Palliative Care | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 17. Lymphoedema Treatment | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Remarks (please comment):

Regular Collaboration of:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Radiotherapy specialist (clinical oncologist) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Chemotherapy specialist (gynaecological oncologist or medical oncologist) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Radiologist | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Histopathologist | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Clinical nurse specialist | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Datamanager | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Remarks (please comment):

Following organizational services are provided

- | | | |
|--|------------------------------|-----------------------------|
| 1. Regular multidisciplinary consultations and tumour boards | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Regular educational staff meeting | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Participation in clinical trials | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Regular psychological patient care | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Yearly report of activity | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Agreed, evidence based, documented clinical policy
of the management of gynaecological cancers | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Regular revision of treatment protocol | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Date: _____

Place: _____

Name of Head of Department:

Signature

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