

*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:** |

1. **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:

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 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).***