

**EBSQ APPLICATION FORM**  
**Surgical Oncology**

**DECLARATION BY APPLICANT**

I wish to apply for PART 1 (eligibility) of the European Board of Surgery Qualification in Surgical Oncology (EBS Surgical Oncology) which I understand may be awarded upon the recommendation of the Division of Surgical Oncology based upon assessment of my training experience. I declare that all Surgical Oncology information provided on this form in support of my application is correct.

Signature ..... Date .....

**DECLARATION BY TRAINER 1**

I have scrutinised this application and declare that, to my knowledge, the information provided by the candidate concerning his/her training experience in Surgical Oncology is correct.

Signature ..... Date .....

Print Name ..... Post Held .....

Hospital Address.....

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**DECLARATION BY TRAINER 2**

I have scrutinised this application and declare that, to my knowledge, the information provided by the candidate concerning his/her training experience in Surgical Oncology is correct.

Signature ..... Date .....

Print Name ..... Post Held .....

Hospital Address.....

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