



EBSQ EMERGENCY SURGERY - APPLICATION FORM

DECLARATION BY APPLICANT

I wish to apply for Eligibility of the European Board of Surgery Qualification based upon assessment of my training experience. I declare that all information provided in support of my application is correct.

SIGNATURE DATE.....

PRINT NAME

DECLARATION BY TRAINER 1

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

SIGNATURE DATE.....

PRINT NAME

POST HELD

HOSPITAL ADDRESS

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