



UNION EUROPEENNE DES MEDECINS SPECIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

**SECTION & BOARD OF SURGERY - TRAUMA SURGERY
DIVISION**

**UEMS Division of Trauma Surgery
UEMS Board of Trauma Surgery**

DECLARATION BY APPLICANT

I wish to apply for Eligibility of the European Board of Surgery Trauma Surgery Qualification (Module: Polytrauma Management and Trauma Surgery of the Trunk) based upon assessment of my training experience. I declare that all information provided in support of my application is correct.

SIGNATURE

DATE.....

PRINT NAME

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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

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POST HELD

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HOSPITAL ADDRESS

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DECLARATION BY TRAINER 2

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DECLARATION BY TRAINER 3

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.

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DECLARATION BY TRAINER 4

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.

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PRINT NAME

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DECLARATION BY TRAINER 5

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.

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