

## ESCRS TRAINEE VERIFICATION FORM

Please complete this page to upload it as part of the ESCRS online registration process for ophthalmologists in training/residency programmes.

### Registrant

Date of Birth(dd/mm/yy): \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

### Place of Employment/Educational Institute

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Street: \_\_\_\_\_

Postal Code: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

### Office/Institute Stamp

### Confirmation:

I, (Title)\_\_\_\_\_ (First Name)\_\_\_\_\_ (Last Name)\_\_\_\_\_, as the above-mentioned applicant's (position)\_\_\_\_\_, confirm that they are currently an ophthalmologist in training/a residency programme.

Supervisor's signature: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing your ESCRS trainee verification form. Please have it ready to be uploaded for the online registration process. If you have any further queries, please contact [registration@escrs.org](mailto:registration@escrs.org).