



Proof of Status

The head of department, (full name),

of the institute/hospital,

herewith confirms that the candidate (full name)

is in his/her year of a total of years of training and

his/her training will end on (dd/mm/yyyy).

If the above doesn't apply:

- He/She has finished his/her training on (dd/mm/yyyy).
- He/She has an evident interest in endoscopic surgery and the wish to become a proficient gynaecological laparoscopist and hysteroscopist.

Please fill in your details accurately and legible.

Date

*Signature & Stamp
Head of Department*