**Application Form for the EBCOG supported training fellowship   
in Obstetrics and Gynecology**

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| --- | --- |
| Full name |  |
| Date of birth |  |
| Nationality |  |
| Year of training |  |
| Home department of training |  |
| Department in which the fellowship will be held |  |
| Field of interest (if applicable) |  |
| 3 strong points in my training | 1. … 2. ... 3. … |
| 3 weak points in my training | 1. … 2. … 3. … |
| Mean number of working hours per week |  |