

Please complete this form and upload it as part of the Young Investigator application process.

Full Name:

Hospital name and address:

Department:

E-mail:

Training Start Date:

Expected Completion Date:

**I confirm that I am currently in training/residency/fellowship**

Signature:

Date:

**For completion by the Head of Department:**

I verify that the above details are correct.

The above applicant is currently a resident/trainee/fellow until (MM/YY):

Department:

Institution:

Date:

Name:

Signature: