ESCFS TRAINEE VERIFICATION FORM

Please complete this page to upload as part of the ESCFS online registration process for Trainee Delegates.

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 in a training/residency programme.

Supervisor's signature: _____

Applicant's signature: _____ Date: _____

Thank you for completing your ESCFS trainee verification form. Please have it ready to be uploaded for the online registration process. If you have any further queries, please contact kate.plassan@agenda-comm.ie.