Please complete the requested information in this document accurately and completely.

For the YES/NO questions please delete the non-applicable answer. For questions asking to list details please use bullet points to list the individual details. If none, write NA.

This form must be submitted to the Radiation Oncology Education and Credentials committee within 4 weeks of the start of the training programme:

Submit to: secretary-RO@ecvdi.eu

# PERSONAL DETAILS

* Last name (Family name):
* First name:
* Male/Female
* Nationality
* Address (Street):
* City:
* Post code:
* Country:
* Telephone number (include country code) - work:
* Telephone numbers (include country code) – private:
* E-mail address:

**Please note:** This e-mail address must be current as it will be used to confirm receipt of your application and for all other communication.

# LICENSING / QUALIFICATION INFORMATION

## Name and country of the veterinary school where you received your veterinary degree:

## Year that you graduated from veterinary school:

## Are you currently registered / licensed to practise veterinary medicine in Europe?

**YES / NO**

## Please state which country(ies) you are registered/licensed to practise veterinary medicine and your license number (if applicable):

## Has your license to practise veterinary medicine ever been suspended?

**YES / NO**

If yes, give brief details and we will contact you for further information:

## Previous internship, residency training and clinical experience prior to this training programme

|  |  |  |  |
| --- | --- | --- | --- |
| Dates attended | Programme name | Director/supervisor | Institution and address (incl country) |
|  |  |  |  |

# TRAINING PROGRAMME INFORMATION

## Application is made for:

Standard Programme [ ] Alternative Programme [ ]

*If Alternative programme [x], the Programme Registration Form for the Radiation Oncology training programme**must be submitted to and approved by the Radiation Oncology Education and Credentials Committee prior to submission this application.*

## Training centre:

Institution:

Street Address:

Post code/town:

Country:

## Programme Director:

Note: Note: Must be DipECVDI (add Rad Oncol), DipECVIM-CA [Oncol] (add Rad Oncol), DipEVDI-RO, DiplECVIM-CA-RO or ACVR-RO (recognized by the ECVDI-RO/ECVIM-CA-RO)

Programme Director email address:

## Trainee Supervisor:

Note: Note: Must be DipECVDI (add Rad Oncol), DipECVIM-CA [Oncol] (add Rad Oncol), DipEVDI-RO, DipECVIM-CA-RO, or ACVR-RO (recognized by the ECVDI-RO/ECVIM-CA-RO)

## Trainee Supervisor email address:

## Your start date in this programme (DDMMYYY):

## Length of programme (weeks):

# STATEMENTS

## Programme Director and trainee

We have read, discussed, understand, and accept the rules and regulations laid out in the respective ECVDI / ECVIM-CA College Constitution and Policies and Procedures as well as regulations of the add on Radiation Oncology training programme and are aware that changes are made periodically to these documents.

Print name: Programme Director…………………………………………………………..

Signed Programme Director …………………………………………………………….

Date…………………………..

Print name Trainee…………………………………………………………..

Signed Trainee …………………………………………………………….

Date…………………………..

## Programme Director

I DECLARE that the information provided in this application is true.

Signed……………………………………………………………………………..

Date…………………………..

## Trainee

I DECLARE that the information provided in this application is true.

I confirm that I have registered on the ECVDI or ECVIM-CA website and paid the enrolment fee in full.

Signed……………………………………………………………………………..

Date…………………………..

**(This form must be either signed digitally or a scanned version of the hand-signed form must be included with the application)**