



Eucornea Trainee Verification Form

Please complete this document to upload for uploading as part of the Eucornea online registration process for ophthalmologists in training/residency programmes.

First name: _____

Last name: _____

Date of Birth(dd/mm/yy): _____

Place of Employment/Educational Institute Name:

Department: _____

Street: _____

Postal Code: _____

City: _____

Country: _____

Office/Institute Stamp

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Confirmation:

I, (Title)_____ (First Name)_____ (Last Name)_____,
as the above-mentioned applicant's (position)_____,
confirm that they are currently an ophthalmologist in training/a residency programme.

Supervisor's signature: _____

Applicant's signature: _____

Date: _____

Thank you for completing your Eucornea trainee verification form. Please have it ready to be uploaded for the online registration process.

All data is processed in full compliance with current data protection legislation including, but not limited to, EU Regulation 2016/679 General Data Protection Regulation ("GDPR").