

TRAINEE DECLARATION

I understand that one copy of my thesis/dissertation/published work (delete as appropriate) must be bound according to the Regulations for preservation in the FOM Library before Membership will be granted. The Certificate will not be dispatched until the certificate fee, all required documentation and forms, including the Form of Faith (in accordance with Standing Order 2.8) have been received by FOM, the MFOM date calculated and the application approved by FOM's President and Academic Dean.

Signature: _____

Name: _____

Date: _____

EDUCATIONAL SUPERVISOR

I confirm that _____
has completed the programme approved by FOM.

Signature: _____

Name: _____

Date: _____

REGIONAL SPECIALTY ADVISOR

I confirm that _____
has completed the minimum requirement of 4 years SpR/StR training in occupational medicine.

Signature: _____

Name: _____

Date: _____