

FORM M3

**SUBMISSION OF FINAL DISSERTATION WRITTEN “FOR PURPOSE” OR
OF EQUIVALENT EVIDENCE
Educational Supervisor’s Declaration**

Name of Trainee:

Supervisor’s Declaration

I certify that I have read this submission and believe it to be suitable for consideration for membership of the Faculty of Occupational Medicine.

Signature:
(Candidate’s Trainer or Dissertation Supervisor)

Print Name:
(Candidate’s Trainer or Dissertation Supervisor)

Date: