

**Application for
APPROVAL OF COOPERATING TRAINING CENTRES
EUROPEAN BOARD OF GASTROENTEROLOGY
(EBG 6)**

Name of the training scheme:.....

Number of hospitals cooperating: _____

Number of trainees: _____

Describe the training scheme (e.g., is it by competitive interview?)

.....
.....
.....

Total duration of training:.....

.....

Duration of each attachment:.....

.....

Number of posts available on the scheme:.....

Frequency of appraisal and assessment:.....

Share between common trunk training and gastroenterology training:.....%/.....%

Is the training scheme approved nationally?.....

Please enclose

- Application for approval of each individual training centre (EBG 3)
- Application for Retrospective Diplomas for the European Board of Gastroenterology from every trainer involved (EBG 5).

List the cooperating hospitals:

1/___.

Name of hospital:.....

Name of clinic:.....

Address:.....

.....

Phone:.....

Fax:.....

e-mail:.....

Senior gastroenterology staff:

Name and qualifications

1. Responsible for training:.....

2.....

3.....

Function and procedures of the unit/hospital: (please describe)

.....

.....

.....

National and European status of the clinic:

University hospital___

University affiliated hospital___

Approved for Gastroenterology Training by appropriate National Body:___

Approved/seeking approval by the EBG___

List the cooperating hospitals:

2/___.

Name of hospital:.....

Name of clinic:.....

Address:.....

.....

Phone:.....

Fax:.....

e-mail:.....

Senior gastroenterology staff:

Name and qualifications

1. Responsible for training:.....

2.....

3.....

Function and procedures of the unit/hospital: (please describe)

.....

.....

.....

National and European status of the clinic:

University hospital___

University affiliated hospital___

Approved for Gastroenterology Training by appropriate National Body:___

Approved/seeking approval by the EBG___

List the cooperating hospitals:

__ / __ (one sheet for each hospital).

Name of hospital:.....

Name of clinic:.....

Address:.....

.....

Phone:.....

Fax:.....

e-mail:.....

Senior gastroenterology staff:

Name and qualifications

1. Responsible for training:.....

2.....

3.....

Function and procedures of the unit/hospital: (please describe)

.....

.....

.....

National and European status of the clinic:

University hospital__

University affiliated hospital__

Approved for Gastroenterology Training by appropriate National Body:__

Approved/seeking approval by the EBG__