**DECLARATION BY TRAINER 1**

I have scrutinised this application and declare that to the best of my knowledge the information provided by the candidate concerning his/her training experience is correct.

SIGNATURE        …………………………………………..

PRINT NAME      …………………………………..………                       DATE………………………..……

POST HELD         ……………………………………………….……………………….

HOSPITAL ADDRESS         ……………………………………………………………………………………………………………….………

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**DECLARATION BY TRAINER 2**

I have scrutinised this application and declare that to the best of my knowledge the information provided by the candidate concerning his/her training experience is correct.

SIGNATURE        …………………………………………..

PRINT NAME      ……………………………………..……                       DATE………………………….……

POST HELD         ………………………………………………………………….…….

HOSPITAL ADDRESS         ………………………………………………………………………………………………………………….……

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