

**PLEASE INCLUDE THIS DOCUMENT IN YOUR APPLICATION**

Personal ESR ID:

Date:

**PROOF OF RESIDENT STATUS**

This is to confirm that

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(Academic Title) (First Name) (Last Name)

is in their \_\_\_\_\_ year of residence training at my department/hospital.

This document is issued for the purpose of applying for an ESOR training programme in 2026.

Yours sincerely,

Full name and signature  
by head of department or hospital

Official stamp of your  
department or hospital

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