

CIRSE Junior Member Confirmation Letter

Thank you for your interest in becoming a CIRSE Junior Member! Please complete this page to upload it as part of the CIRSE Junior Member online application process.

Applicant's name:

Title: _____ First name: _____ Last name: _____

Place of Employment/Educational Institute:

Name: _____

Department: _____

Street: _____

Postal code: _____

City: _____

Country: _____

Office/Institute Stamp:

Confirmation by supervisor/educator:

I, (Title) _____ (First name) _____ (Last name) _____,
as the above-mentioned applicant's (position) _____,
confirm that they are currently a Doctor in training at the above-mentioned office/institute. This
training is expected to be completed on (DD.MM.YYYY) _____.

Supervisor's signature: _____

Applicant's signature: _____

Thank you for completing your CIRSE Junior Member confirmation letter! Please have it ready to be uploaded for the CIRSE Junior Member online application process. If you have any further queries, please feel free to contact the Membership department at registration@cirse.org.