

Proof of status form

Full Name:

E-mail address:

Please indicate the type of profession you are working in:

- Nurses/Midwives
- Laboratory technicians
- Counsellors/Psychologists/Social Workers
- ESHRE certified clinical embryologists (BSc level) (please attach certificate)
- Embryologist working in routine environment as lab technician
- Undergraduate/Graduate
- Medical Student
- Resident
- post-doctoral research trainees
- PhD Students
- MSc Student
- BSc Student

Students may also upload a copy of their student card (with expiry date!)

Signature head of department:

Date:

Name:

Stamp: