****

ISAPS Fellowship Reference

**I. Please state your details:**

|  |  |
| --- | --- |
| Date: |  |
|  |  |
| Family name: |  |
| First name: |  |
| Telephone: |  |
| Email: |  |

**II. This reference relates to:**

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |

**III. Your relation to this candidate:**

|  |
| --- |
| Please state your relation to the candidate. |
|  |

**IV. Evaluation of candidate (please state yes/no):**

|  |  |  |
| --- | --- | --- |
| **The candidate:** | **YES** | **NO** |
| 1. has passed all necessary exams up to this stage |  |  |
| 2. has proven to be trustworthy |  |  |
| 3. has shown more than average pro-activity during training |  |  |
| 4. has proven to be committed |  |  |
| 5. has functioned well at my department |  |  |
| 6. has a track record of miscommunication  |  |  |
| 7. has shown a more than average interest in aesthetic plastic surgery  |  |  |
| 8. is in the one but last year of training |  |  |
| 9. has completed the specialist training less than two years ago |  |  |

**V. Your comments**

|  |
| --- |
|  |

Please upload this form on our site together with the application form upon completion

Thank you!