**ESAIC TRAINEE LETTER**

Date:

|  |  |
| --- | --- |
| Trainee Family Name: |  |
| Trainee First Name: |  |
| Trainee Date of Birth: |  |
| Trainee Email Address: |  |

|  |  |
| --- | --- |
| Head of Department: |  |
| Name of Hospital: |  |
| Hospital Address: |  |

I hereby confirm that …………………, is in training in the department of Anaesthesiology
until ……………… (end date)

*Signature Head of Department*

*Hospital stamp*