Subspecialty Scholarly Elective:   
Research Project Submission

Candidate Statement

Trainee Details

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | ID |  |
| Given Names |  | Subspecialty |  |
| Year of Training |  | Training Period |  |

**Please TYPE**

Title of Research Project

Candidate Statement of Contribution to the Research Project

I certify that my involvement in the attached research project was as follows:

Trainee Signature: ………………………………………………………………………………… Date: ……………………………………………………………….

Candidate Statement for Research Project submission must be submitted with Research Project submission