

# Proof of status form

Full name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please indicate the type of profession you are working in:**

- Embryologist working in routine environment as lab technician
- Undergraduate/Graduate
- Medical Student
- Resident
- Post-doctoral research trainees
- PhD Students
- MSc Student
- BSc Student
- Nurses/Midwives
- Laboratory technicians
- Counsellors/Psychologists/Social Workers

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

**Signature head of department:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Stamp: