

**EUROPEAN SOCIETY FOR PAEDIATRIC ENDOCRINOLOGY**

**IDENTIFICATION OF AND RECOGNITION AS A EUROPEAN TRAINING CENTRE IN  
PAEDIATRIC ENDOCRINOLOGY AND/OR DIABETES**

**CHIEF/TUTOR/TEACHER DETAILS**

One to be submitted for each person. Please photocopy as necessary.

Name: .....

Location: .....

Qualifications: .....

Speciality of Accreditation: .....

Date of Appointment: .....

Clinical Audit Activities:

Research Interests:

Publications in last 5 years:

Number of Chapters: ..... Peer Reviewed Articles: .....

3 most recent Publications:

Membership of Scientific Societies:

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