**EMPLOYER’S STATEMENT FOR REGISTRATION DOCTOR INTERNATIONAL HEALTH AND TROPICAL MEDICINE (ARTS INTERNATIONALE GEZONDHEIDSZORG EN TROPENGENEESKUNDE)**

1. **Particulars employer**
	1. Name
	2. Address and country
	3. Postal code and town
2. **Particulars employee**
	1. Name
	2. Address and country
	3. Postal code and town
	4. Date of birth (dd/mm/yyyy)
	5. BIG registration number
3. **Patriculars employment contract**

Mention the details as recorded in the employment contract

|  |  |  |
| --- | --- | --- |
| **Date (dd/mm/yyyy)****From ….until…(been) employed** | **Position/job function1** | **Agreed hours of employment/performed hours of work** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Attach your jobdescription to this statement
2. **To sign**
	1. Name signatory
	2. Place and date of signature
	3. Autograph and (company) stamp

To verify the above mentioned information, the Dutch Legislative Board (RGS) may contact

4.4 Name:

4.5 Telephone:

4.6 E-mail address: