

Surgical Education and Training in Vascular Surgery

Confirmation of rural origin

I confirm that _____ lived at the following address/es for the period/s stated:

[Please complete as many of the following sections as required]

Address 1: _____

From: _____ To: _____

Address 2: _____

From: _____ To: _____

Address 3: _____

From: _____ To: _____

Address 4: _____

From: _____ To: _____

Author's name: _____ Date: _____

Author's position: _____

Signature: _____

Contact number: _____

Email: _____

Author's name: _____ Date: _____

Author's position: _____

Signature: _____

Contact number: _____

Email: _____

Author's name: _____ Date: _____

Author's position: _____

Signature: _____

Contact number: _____

Email: _____

Author's name: _____ Date: _____

Author's position: _____

Signature: _____

Contact number: _____

Email: _____

Note: This letter must meet the following requirements:

- The author must be a medical practitioner, dentist, lawyer, school principal or employer who is not related to the applicant.
- The letter must include the applicant's FULL rural address, the duration that s/he resided at that rural address (e.g., from dd/mm/yy to dd/mm/yy), and the position and current contact details of the author.
- The author must be contactable to verify the details contained in the letter. Written confirmation from the applicant's family members will not be accepted.