

Postgraduate Diploma in Obstetrics and Medical Gynaecology

(supporting information)



Name _____

Student ID _____

Information about where you will be working while doing the Diploma:

DHB	
Hospital	
Rotation	
Duration of rotation	
Local supervisor	
NZ Med Council no. or HPI no.	

Previous obstetrics and gynaecology experience:

Hospital	Rotation	Duration

Funding (please tick):

Self funded DHB Other _____

Future career plan (please tick):

Primary Care Specialty Ob & Gyn Other _____