| RESIDENCY DIARYResident’s name and surname       Specialisation       Residency year Duration of training cycle       /       /       to       /       /       |
| --- |
| **Name of training cycle**      Host institution for residency (in this period)      **Department**        |
| **Resident’s report** *(describe work assignments and performance thereof, treated patients by diagnosis and by number, list the studies and procedures conducted according to the residency programme, participation in watch shifts, participation in theoretical and practical training in the medical institution and elsewhere, independent work with literature, participation in research and supervising students)* |
|       |
| I confirm the accuracy of this report............................................... **/** **/** *(resident’s signature) (date of signing)* |
| **Supervisor**        (name and surname)**Job title**  I confirm that the report truly represents the resident doctor’s work at the host institution............................................... **/** **/** *(supervisor’s signature) (date of signing)* |