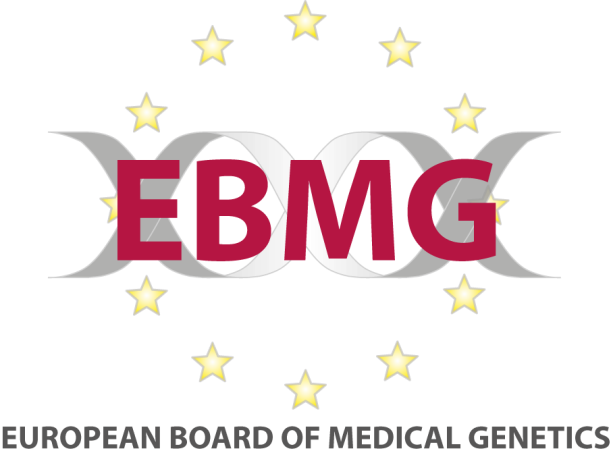
**Form D**

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**European Board of Medical Genetics**

**Portfolio for Application for Registration**

**Front page of portfolio (Form D)**

|  |  |
| --- | --- |
| **Name of applicant** |  |
| **Country of work** |  |
| **Type of application** | **Genetic counsellor**  **Genetic nurse** |
| **Please confirm under which system you are applying** | **Usual route**  **Grandfather Clause A**  **Grandfather Clause B**  **Grandfather Clause C**  **National registration** |
| **I confirm that the contents of this portfolio are my own work and that all information included is true and correct.**  **Print name below in next space to confirm the above the statement.**  **Name:** | |