

AUTHORSHIP FORM FOR RESTORE POSTER COMPETITION FOR BURNS AWARENESS DAY 2022

TITLE OF POSTER:

NAME OF AUTHOR:

GMC NO. OF DOCTOR:

STAGE IN TRAINING OF DOCTOR:

I confirm the following:

- I am the sole author of the above named poster.
- I am the sole contributor to the conception and design of the work.
- All drafts/ revisions of the poster to ensure it contains clinically relevant & accurate information/content
- I approve for the final version of the poster to be published on social media & on Restore Research's website.
- I agree to be accountable for all aspects of the work and ensure that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

Signature of author:

Date