

Applicant details

1. * Name of institute *
2. * Name of department *
3. * Street address *
4. * Postal code *
5. * City *
6. * Country *
7. * Phone number *
8. Fax number
9. Website URL
10. * Name Head of department *
11. * Name Consultant 1 *
12. * Name Consultant 2 *
13. * Contact person *
14. * E-mail address *

Payment details

1. * Name of paying institute *
2. * Name of paying department *
3. * Street address *

(Additional address information)
4. * Postal code *
5. * City *
6. * Country *
7. * VAT number *
8. * Your reference code / reference name *
9. * Contact person *
10. * E-mail address *

Properties

1. * Number of urology beds *
2. * Number of urology staff members *
3. * Number of urology trainees *
4. * Outpatients department: * Yes No

General

1. * Do you have a structured training programme? * Yes No
 2. * Do you publish/report outcome results? * Yes No
 3. * Is there a support for clinical/scientific research for the fellow if required? * Yes No
 4. * Does the institute have housing facilities for fellows? * Yes No
- * If YES: What are the approximate accommodation costs per week (EUR)? *

Treatments: Neuro-urology

Please enter the number of cases per year:

1. * Neuro modulation *
2. * Botox *
3. * Augmentation cystoplasty *
4. * (Video) urodynamics *

Publications: Neuro-urology

Please list the last 5 publications from your institute relevant to the field: *

1.

2.

3.

4.

5.