

## 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: Cancer: Penile

Please enter the number of cases per year:

1. \* Penectomy (partial/total) \*
2. \* ILND \*

***Publications: Cancer: Penile***

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

1.

2.

3.

4.

5.