

## 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: Reconstructive urology

Please enter the number of cases per year:

- 1. \* Urethroplasty
- 2. \* UPJ
- 3. \* Bladder replacement / Urinary diversion
- 4. \* AUS
- 5. \* Penile prosthesis

***Publications: Reconstructive urology***

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

1.

2.

3.

4.

5.