

## 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: Renal

---

Please enter the number of cases per year:

1. \* Open radical nephrectomy \*

2. \* Laparoscopic radical nephrectomy \*

3. \* Partial nephrectomy \*

    \* a. Open \*

    \* b. Laparoscopic \*

    \* c. Robotically assisted \*

4. \* Focal treatment \*

5. \* Medical treatment \*

***Publications: Cancer: Renal***

---

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

1.

2.

3.

4.

5.