



SIU-PAUSA TRAINING SCHOLARSHIP PROGRAM APPLICATION



Personal Information

Last Name: _____ First Name(s): _____

Titles: _____ Date of birth: _____

SIU member ID: _____ Nationality: _____

Native language: _____ Other languages spoken: _____

English Level: ☐ Excellent ☐ Good ☐ Moderate ☐ Fair

Current position (please list your status and function as well as the name and address of the institution where you work):

Is it a private or academic institution?

Last degree obtained: _____

University attended: _____ Graduation : _____

M.D. (date and institution where it was completed):

Ph.D (date and institution where it was completed):

Where did you complete your residency?

Type of residency: ☐ General Surgery ☐ Urology Date of completion:

Other credentials: _____

Medical License #: _____

Hobbies (sport, culture): _____

About the Training Center you are applying to visit

Membership in medical associations and Society position held (if any): _____

Name and location of proposed training institution: _____

Period of proposed training: ☐ 3 months ☐ 6 months

Type of Scholarship you are applying for: ☐ Hands-on Training ☐ Observational role

What, specifically, is the aim of your scholarship in clinical and experimental urology?

What are your future expectations and plans after the scholarship? Will you stay in academics? Will you return to the Institution you are currently working in?

How did you hear about the SIU
Scholarship Programme (who told you?) _____

Training Since Graduation

(list all previous employers to date (include start and end dates of the training))

About the Institution you are currently working in:

Program Director: _____

Number of Faculty Members & Residents: _____

Main areas of interest, clinically & experimentally: _____

Number of urological surgical procedures performed per year in your department

TURP: _____ TURBT: _____

Nephrectomy: _____ Cystectomy: _____

Radical Prostatectomy: _____ Ureteroscopy: _____

Pediatric urology procedures (hypospadias, antireflux etc.): _____

Urinary Diversion (list specific procedures): _____

Special procedures: _____

Describe special areas of clinical expertise in your hospital (e.g. bilharzia, tuberculosis, ureteral disease, trauma, vesico-vaginal fistulae, extensive stone disease ...)

List your main areas of interest and clinical and experimental experiences

Clinical: _____

Experimental: _____

Ultrasound: _____

Percutaneous Nephrostomy: _____

Urodynamics: _____

Andrology: _____

Pediatric Urology: _____

Oncology: _____

Endoscopy: _____

List the number of following procedures performed by yourself to date

List your publications, research and presentations

List any previous awards and honours: _____

Send by Email

or send to central.office@siu-urology.org