



SIU Training Institute Application Form

Name of Institution:

Name and Credentials of Programme Director:

Complete Mailing Address:

City Prov./State: Postal Code:

Country

Fax:

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 Telephone:

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E-mail Address

Information Regarding the SIU Training Institute

Director (Name, Credentials):	<input type="text"/>
Number of faculty available for SIU scholars:	<input type="text"/>
Preferred surgical teaching procedures:	1. <input type="text"/>
	2. <input type="text"/>
	3. <input type="text"/>
Capacity for number of trainees at one time:	<input type="text"/>
Do you charge any cost to the scholars:	<input type="text"/>
If so, how much and what do these fees go to:	Cost <input type="text"/> Purpose <input type="text"/>
Please provide a summary of your institution's research activity:	<input type="text"/>

Medico-legal restrictions for trainees:

Lab Work Only	Assist in Surgery	Permission required to work
Observe Only	Operate under Supervision	Liability Insurance required
Restrictions regarding specific treatment modalities:	<input type="text"/>	
Restrictions regarding groups of patients (e.g. children, females):	<input type="text"/>	

Hospital Data

General Hospital	Hospital serves a population of:	<input type="text"/>
Teaching Hospital		
University Hospital	75 % of population served lives within a radius of:	<input type="text"/> Km.
Number of departments of hospital:	<input type="text"/>	Intensive care unit
Number of doctors of hospital (total):	<input type="text"/>	Radiology department
Number of urologists (total):	<input type="text"/>	<input type="checkbox"/> CT <input type="checkbox"/> MRI
Number of beds of hospital (total):	<input type="text"/>	Nephrology department
Number of in-patients/year:	<input type="text"/>	Haemodialysis
Number of out-patients/year:	<input type="text"/>	Paediatric department
		Robotic Surgery
		Anesthesiology department
		Pathology Department
		<input type="checkbox"/> Other Pertinent Facilities
		Please Specify <input type="text"/>

Department of Urology Data

<input type="checkbox"/> Urology Department			
<input type="checkbox"/> Urology Division			
Total number of doctors:	<input type="text"/>	Number of beds:	<input type="text"/>
Number of faculty members:	<input type="text"/>	Number of in-patients per year:	<input type="text"/>
Number of Urology residents:	<input type="text"/>	Number of out-patients per year:	<input type="text"/>
Specialization, cases per year:			
Andrology:	<input type="text"/>	Robotic-Assisted Procedures:	<input type="text"/>
Number of doctors:	<input type="text"/>	Number of doctors:	<input type="text"/>
Endourology:	<input type="text"/>	Trauma and Reconstructive surgery:	<input type="text"/>
Number of doctors:	<input type="text"/>	Number of doctors:	<input type="text"/>
Functional Urology:	<input type="text"/>	TUR-B / TUR-P:	<input type="text"/>
Number of doctors:	<input type="text"/>	Number of doctors:	<input type="text"/>
General Urology:	<input type="text"/>	Urogenital Trauma:	<input type="text"/>
Number of doctors:	<input type="text"/>	Number of doctors:	<input type="text"/>
Infertility, Erectile dysfunction:	<input type="text"/>	Urogynecology:	<input type="text"/>
Number of doctors:	<input type="text"/>	Number of doctors:	<input type="text"/>
Laparoscopic procedures:	<input type="text"/>	Uro-oncology:	<input type="text"/>
Number of doctors:	<input type="text"/>	Number of doctors:	<input type="text"/>
Pediatrics:	<input type="text"/>	URS / PNL:	<input type="text"/>
Number of doctors:	<input type="text"/>	Number of doctors:	<input type="text"/>
Renal transplantation:	<input type="text"/>		
Number of doctors:	<input type="text"/>		

Facilities available for teaching

Number of urological surgical theatres: <input type="text"/>	Number of urological endoscopy suites: <input type="text"/>
Urological ultrasound	Urological laboratory facilities
Urological imaging	Andrological laboratory facilities
Urological fluoroscopy	Urological literature / library
Video-equipment for endoscopic teaching	Internet access
Lab simulation	ESWL Unit
Urodynamic	Robotics

Accommodation / Transportation / Food / Miscellaneous

<input type="checkbox"/> Accommodation for scholars provided	OR cost per month (please specify US\$ or Euros) <input type="text"/>
Type of Accommodation Available	<input type="text"/>
<input type="checkbox"/> Transportation provided (if necessary)	
<input type="checkbox"/> Meals Provided	
<input type="checkbox"/> Vaccination Required	Details <input type="text"/>
Banking Facilities	<input type="text"/>
Security Considerations	<input type="text"/>

Country Information

Official Language(s) of the Institute:	<input type="text"/>		
Other commonly used languages	English	German	Urdu
	Portuguese	Italian	Hindi
	Spanish	Russian	Mandarin
	French	Arabic	Japanese
	Other	<input type="text"/>	

Date (YYYY-MM-DD)

Name

Signature