



## SIU 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 : \_\_\_\_\_

Urology certification (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