

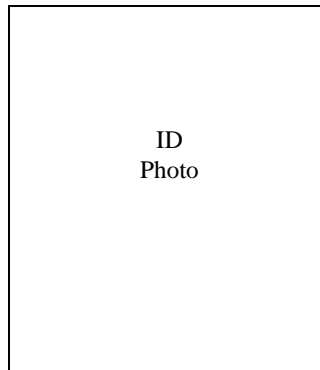


SIU SCHOLARSHIP PROGRAM QUESTIONNAIRE

The Société Internationale d'Urologie provides Scholarships to young Urologists (less than 10 years since obtaining M.D.). The first type is for training in a recognized training centre in the candidate's geographical area. The second type is as a visiting scholar in an observational role. Both types offer US\$ 5000 for a six month period. This Application form, a detailed C.V., and a letter of acceptance from the host institution where the scholarship will be conducted should be submitted to:

SIU Scholarships
c/o SIU Central Office
1155 University Street, Suite 1155
Montréal, Québec H3B 3A7, Canada
E-mail: central.office@siu-urology.org

STRICTLY CONFIDENTIAL



Personal

Name: _____ First Names: _____

Titles: _____ Date of birth: _____

Nationality: _____ Native language: _____

English (excellent, good, moderate, fair): _____

Other languages spoken: _____

Are you married? _____ Children: _____

Profession and current employment of your partner: _____

Hobbies (sport, culture): _____

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 Program (who told you)?: _____

Membership in medical associations and societies. Positions held (if any): _____

Details of Institution applying to: _____

Time Period: _____

Currently employed at: _____

Status + Function: _____

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

Funding

Envisioned source of funding: _____

Do you have other funds (or scholarships) available ? If so give details: _____

Expected total expenses during scholarship: _____

Is your family joining you ? : _____

If not, who is going to support them at home: _____

Curriculum vitae

School education (+ final degree): _____

University: _____

Graduation (+ final degree): _____

M.D.: _____

Ph.D.: _____

Training since graduation (list all previous employers to date)

Describe 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: _____ TURB: _____

Nephrectomy: _____ Cystectomy: _____

Urinary Diversion (list specific procedures): _____

Radical Prostatectomy: _____ Ureteroscopy: _____

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

Special procedures: _____

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

Describe 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

Major procedures (cystectomy, radical prostatectomy, urinary diversion): _____

Large procedures (e.g. nephrectomy): _____

TUR Prostate: _____ TUR Bladder: _____

Endoscopy: _____

Minor cases (e.g. hydroceles, circumcisions): _____

Pediatric cases (antireflux proc., hypospadias): _____

Special Procedures: _____

Your publication list