

Application for The Urology Foundation Robotic Preceptorships

NAME OF
CANDIDATE.....

ADDRESS FOR
CORRESPONDENCE.....

.....

DAYTIME TEL:.....

DAYTIME FAX:.....

EMAIL ADDRESS:.....

NAME/ADDRESS OF THE INSTITUTION WHERE YOU ARE CURRENTLY WORKING

.....
.....

PLEASE OUTLINE YOUR PLANS FOR ROBOTIC SURGERY AT YOUR INSTITUTION

.....
.....
.....
.....
.....

NAME OF LEAD CLINICIAN/MEDICAL DIRECTOR

.....

SIGNATURE OF LEAD CLINICIAN/MEDICAL DIRECTOR

.....

NAME OF CHIEF EXECUTIVE.....

SIGNATURE OF CHIEF EXECUTIVE

.....

Form **2**

Application Checklist

(please ensure that you check every box)

- Application Form
- Signed Agreement (Lead Clinician/Medical Director and Chief Executive)
- Current curriculum vitae of applicant, including relevant bibliography (maximum 2 pages)
- Letter of support from Chief Executive of Hospital in which you are currently working (maximum 2 pages)

CANDIDATE
SIGNATURE.....DATE.....