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| MandatoryPhoto in jpeg format**UAA Youth Section Fellowship Program 2020 Application Form****Please return this form in WORD Format Only**  |
| **Full Name (underline surname)** **(to appear in the Certificate of Attendance)**  |  |
| **Academic position and Institution** |  |
| **Mailing Address including City** |  |
| **Country** |  |
| **Email address**  |  |
| **Urology degree, year** |  |
| **Do you train residents?** |  |
| **National/regional Urology Association and membership number:** |  |
| **(Mandatory for qualification)** **Title of abstract submitted:** |  |

**Education**

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| --- | --- | --- | --- |
| **Degree** | **Year Joined** | **Year Finished** | **Institution** |
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**Employment**

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| --- | --- | --- | --- |
| **Position** | **Institution** | **Year Joined** | **Year Finished** |
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**Awards/Honors/Fellowships**

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**Publications in *Pubmed*® indexed journals** *(Please give full citation and underline your name)*

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**Conferences/workshops attended**

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 **Please write a minimum 500 word essay on why you wish to avail of this fellowship.**

**(Mandatory for qualification)**

**For endorsement by the National/Regional Urological Association**

**Please check the following before forwarding this application:**

|  |  |  |
| --- | --- | --- |
|  | **Criteria** | **Response** |
|  | Rank among all applicants from your association **(Give rank)** |  |
|  | Applicant received Urology degree after 2007? | **Yes / No** |
|  | Applicant is a FULL member of your urological association? | **Yes / No** |
|  | Applicant is fluent in English? | **Yes / No** |
|  | Applicant has not availed of this fellowship before? | **Yes / No** |
|  | Photograph (JPEG) attached? | **Yes / No** |
|  | UAA individual membership form attached or not? | **Yes / No** |

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**Name of President/Secretary approving the application (with Association’s stamp)**

Please submit **ALL** eligible applications received by you as email attachment

**by 1st May 2020** to

angie.see.b.g@sgh.com.sg