**Request for Survey Circulation**

|  |  |
| --- | --- |
| Name of applicant |  |
| Name of institution |  |
| Title of survey |  |
| Aims of survey? (max 300 words) |
| How will this survey impact UK urology trainees? (max 500 words) |
| Are there any financial disclosures to declare? |

Please post the complete form to:

**BAUS Section of Trainees**

**British Association of Urological Surgeons**

**35 – 43 Lincoln’s Inn Fields**

**LONDON WC2A 3PE**

Or attach it to an email addressed to:

**katie.eys.chan@gmail.com**