

UROLOGY SUPPLEMENTARY QUESTIONNAIRE

Please use the data from your last successfully submitted annual appraisal to complete this questionnaire.

1.1 Please state whether you are employed by the NHS as a Consultant Urologist: Yes No

1.2 Please state whether you have a sub-specialty interest: Yes No

If yes, please state the sub-specialty organisations of which you are a member:

1.3 Please state the number of PAs, or equivalent time in Private Practice, spent performing your sub-specialty activities during the last year in Private Practice and the NHS:

Sub-specialty	Private Practice	NHS
Andrology:		
Cosmetic andrology:		
Endourology:		
Female and reconstructive urology:		
Urological oncology:		
Other:		
Total:		

If other, please provide full details:

1.4 Please provide a breakdown of the number of procedures you performed during the last year in Private Practice and the NHS:

Surgical procedure	Private Practice	NHS
Circumcision:		
Cystectomy/ Ileal conduit/ bladder reconstruction:		
Cystoscopy:		
Endoscopic treatment of bladder or kidney stones:		
Female incontinence surgery:		
Hydrocoele surgery:		
Laparoscopic nethrectomy:		
Nephrectomy (open):		
Orchidectomy / excision of testicular lesions:		
Penile surgery:		
Radical prostatectomy:		
Renal access surgery (e.g. A-V fistula):		
Reversal of vasectomy:		

Transplant surgery:		
TURP or ablation of prostate:		
Urethroplasty:		
Vasectomy:		
Other:		

If other, please provide full details:

1.5 Please state whether you have ever performed any non-surgical procedures (e.g. ultrasound) in Private Practice: Yes No

If yes, please state the type and number of procedures you performed during the last year:

Type of procedure	Number of procedures

1.6 Please state whether you have ever performed any gender reassignment surgery: Yes No

1.7 Please state whether you have ever performed any penile surgery for sexual dysfunction: Yes No

1.8 Please state whether you have ever used vaginal mesh in Private Practice: Yes No

If yes, please state:

a) whether you used the transvaginal placement technique: Yes No

b) the number of procedures you performed during the last year:

If you no longer use vaginal mesh please state the date you last used it:

1.9 Please state whether you have ever performed any robotic-assisted procedures in Private Practice: Yes No

If yes, please state the number of procedures performed during the last year:

1.10 Do you anticipate any changes to your activities during the next 12 months? Yes No

If yes, please provide full details.

DECLARATION

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed:	_____	Full name:	_____
Date:	_____ DD / MM / YY _____		

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