

**8th Workshop for Surgical Repair of Vaginal Fistula & Urinary Incontinence**

The ICS is pleased to announce the forthcoming ICS 8th Workshop for Surgical Repair of Vaginal Fistula & Urinary Incontinence. The workshop will take place on 12-14th December 2019 at the at the Ministry of Health, Khartoum State, Sudan.

The focus of the workshops will be to allow 20 delegates to receive hands on surgical training on repairs to vaginal fistulas. The workshop is open to all international delegates with a preference for trainees and residents and those working in developing and resource-constrained countries. A full multi-disciplinary team (fluent in English) will teach various surgical techniques on local patients. Note all lectures and operations will be in English.

The ICS is offering three types of funding for the course:

**Option 1: Full contribution.** For delegates from those countries listed on the [appendices list](https://www.ics.org/Documents/Documents.aspx?DocumentID=5696) relating to the poorest countries according to the World Bank. ICS will cover course fees and up to 3 nights’ accommodation\*. You are required to cover your own flights or travel to the course. There are 5 full contribution positions available. Open to ICS members and non-members.

**Option 2: Partial contribution.** Should you not fit into the above category you can still apply for partial contribution. Full course fees of £1000 are required but the ICS will cover 3 nights’ accommodation\*. You are required to cover your own flights or travel to the course. There are 5 full partial contribution positions available. Open to ICS members and non-members and on a first come first served basis.

**Option 3: No contribution.** Should you not fit into the above categories you are required to pay the full course fees of £1000 plus cover own flights and accommodation. Open to ICS members and non-members and on a first come first served basis.

The course fees include:

• Pickup/return from airport

• Transfers from hotel to course venue

• Comprehensive two and half day programme

• Lunch at course venue and two evening meals

\*Extra nights and any special requirements will need to be covered by the candidates.

Note visa requirements and costs are to be arranged by the candidates. Letters of invitation can be requested from the ICS and the local organisers.

Applicants are requested to complete an application form and return to the ICS office along with their CV. All applications are then reviewed by ICS. ***The deadline for applications is 15 October 2019.***

For more information please see the ICS website. Alternatively, please contact Tracy Griffin; tracy@ics.org

**Application Form**

|  |  |
| --- | --- |
| Contact Details |  |
| First Name |  |
| Family Name |  |
| ICS Membership Number |  |
| Mailing Address |  |
| Country of residence |  |  |
| Postcode |  |
| E-mail address |  |
| Telephone Number |  |
| Mobile Number |  |
| Fax Number |  |
|  |  |
| Professional Details |  |
| Title |  |
| Degree |  |
| Profession/Speciality |  |
| Institution |  |
| Role in the Institution |  |
| Years since gaining degree |  |
| Address of Institution |  |
|  |  |
| Country of work |  |
| Postcode |  |
| How long have you worked at this institution?  |  |
| Where do you intend to work or serve during the next 5 years? |  |
| Would you be able to help or supervise other doctors in your center to learn fistula surgery? |  |

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| --- | --- |
| **Please indicate which funding option you request** | **Please tick** |
| Option 1: Full contribution by ICS |  |
| Option 2: Partial contribution by ICS |  |
| Option 3: No contribution by ICS |  |
| **Any comments:**  |

**Please give a detailed description of your current activities of your centre (maximum 100 words)**

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**Which kind of patients do you usually treat? Please include number of fistula repairs per year (maximum 100 words) (maximum 100 words)**

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**Why do you wish to attend this workshop? (maximum 100 words)**

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**Terms and Conditions of workshop**

By signing this application form you are hereby agreeing to the following:

If you are selected to attend the workshop and you have selected Option 2 or Option 3 of the funding avenues, you are hereby requested to make the payment for the course fees in advance by the deadline provided by the ICS. Failure to make this payment by the deadline will result in your position on the workshop being cancelled. You also agree that all country entry Visa applications are your responsibility.

**Liability and Insurance**

The International Continence Society and the local organisers cannot accept liability for personal accidents or loss of or damage to private property of participants for the duration of the course.

**Personal Insurance**

We recommend that all participants take out personal travel and health insurance for the trip.

**Registration Cancellation Policy**

All cancellations must be sent by email:

Cancellations received between 15 October – 13 November, 2019 – 50% will be refunded.

After 14 November, 2019 – no refund will be made.

In the event of a force majeure the ICS will review the position in good time before the delegates intend to travel and will decide whether to cancel the course and whether to provide refunds.

Signed:

Dated:

**Checklist:**

Completed Workshop Application Form 

Short C.V. 

Signed agreement to the terms and conditions 

E-mail the completed application form by ***15 October 2019*** to the ICS office: Tracy@ics.org