# Web Link Permissions Request Form

This form should be used to request permission to request the Society includes a web link to your website.

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| **Requestor details** | |
| Your name: |  |
| Your institution: |  |
| Institution address: |  |
|  |  |
|  |  |
| Postcode: |  |
| Telephone number: |  |
| E-mail address: |  |
|  |  |
| **Your website** | |
| Title of your website: |  |
| Web address to be linked to: |  |
| Webmaster/ contact person: |  |
|  |  |
| **Requested BPS link** | |
| BPS page you want the link to appear on:  Please describe in detail your proposal : | \_\_\_\_ ‘about us- web links’  \_\_\_\_\_ ‘for patients – useful addresses’ |