# 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’ |