

The British Association of Day Surgery (BADS) 35-43 Lincoln's Inn Fields

London WC2A 3PE

Please return your form via email: [**bads@bads.co.uk**](mailto:bads@bads.co.uk)

**I am writing to ask your permission to (please check all that apply)**

|  |  |
| --- | --- |
| **Reprint** |  |
| **Photocopy** |  |
| **Digitize** |  |
| **To incorporate into:** |  |
| Course materials (including online) |  |
| A presentation |  |
| A written article |  |
| A dissertation/thesis |  |
| A website publication |  |

**The following material produced by BADS**

|  |  |
| --- | --- |
| Author(s): | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| Volume or edition: | Click or tap here to enter text. |
| Page(s): | Click or tap here to enter text. |
| Figure(s): | Click or tap here to enter text.. |
| Table(s): | Click or tap here to enter text. |
| Images(s): | Click or tap here to enter text.. |

**The material will be distributed or published as follows**

**Purpose:**

|  |  |  |
| --- | --- | --- |
| **Not for profit** | **Yes** | **No** |
| **If ‘YES’ for profit, please provide details** | Click or tap here to enter text. | |
| **Number of copies** | Click or tap here to enter text. | |
| **Distribution /access** | Click or tap here to enter text. | |

**To be reviewed by BADS publications editor, or editor of The Journal of One Day Surgery**

I have the authority to grant the permission requested herein and I hereby grant

Enter name of organization or person requesting permission permission to use the above referenced material in the manner described.

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Address: | [bads@bads.co.uk](mailto:bads@bads.co.uk) |
| Date: | Click or tap to enter a date. |

**The credit line should read:**

“Reproduced with the permission of The British Association of Day Surgery (BADS) [www.bads.co.uk](http://www.bads.co.uk/)”

**PERMISSION GRANTED**