

EPNS Fellowship 2018: Application Form

Type of Fellowship being applied for (please tick):

Clinical elective (e.g. attending clinics, developing skills in EEG, EMG etc.)	
Research project (e.g. part of a thesis; basic or patient orientated research Learning a specific skill/ technique)	

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Personal Data:

Title		First Name		Last Name	
Work Address (in full – including institute and department name)					
Home Country (must be in a European Country, WHO definition: http://www.euro.who.int/en/countries)					
Email Address					
Telephone number					
Date of Birth					
Photograph		I attach a copy of my photograph			
Local Supervisor Name (include title)					
Supervisor email					
Supervisor consent		attached to application form: YES / NO			

Background:

Education (please include undergraduate, graduate and postgraduate education):

Degree obtained	Institution	Date

Honours and awards

Appointments (please include internship, residency and research appointments)

Speciality	Institution	Date

Paediatric Neurology Training

<p>Explain what stage you have reached in your paediatric neurology training. When do you envisage your training will be completed?</p>	
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Objectives:

<p>Brief summary of research and/or clinical objective <i>(not exceeding 300 words)</i></p>	
<p>Address of host (must be in a European Country!) http://www.euro.who.int/en/countries (in full – including institute and department name)</p>	
Country	
Hosting Supervisor Name <small>(include title)</small>	
Supervisor email	
Supervisor consent (incl confirmation fluent in relevant language)	attached to application form: YES / NO
proposed start date	
proposed end date	

Fellowship Cost Calculation:

attached is EPNS Cost Calculation form – fully completed <i>Note: the EPNS Fellowship budget is up to 5000 Euros per successful candidate. Applicants are responsible for the management of their own budget. No extra EPNS funds are available. If calculated cost exceeds expected budget, applicants can consider shortening fellowship period.</i>	YES / NO
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Applicant declaration:

I have been an EPNS member for more than 6 months and paid my current year fee	YES / NO
I am fluent in the relevant hosting language	YES / NO
I wish to have my application considered by the EPNS Selection Committee	YES / NO
If successful, I agree to my photo and details of my EPNS fellowship to be published in EPNS communications to all members, the website and Twitter.	YES / NO
If successful, I agree to submit the EPNS questionnaire after my fellowship has been completed.	YES / NO
I enclose the following documentation**: <ul style="list-style-type: none"> • Local supervisor consent • Hosting supervisor consent and declaration that I am fluent in the locally relevant language • EPNS Cost Calculation form – completed • My photograph 	YES / NO YES / NO YES / NO YES / NO
I confirm that, to the best of my knowledge, all of the information I have provided in this application represents a true and accurate statement.	YES / NO
Applicant Name	

Applicant Signature	
Date	

****Please also attach any documentation which is felt to be relevant to your application.**