**EPNS Training Courses 2018, Alicante: Bursary Application Form**

EPNS will offer a limited number of bursaries for each training course, which will fully cover both the course fee and accommodation costs (hotel, meals). The bursaries will not cover travel costs. Applicants should be a resident in paediatric neurology or paediatrics or a young paediatric neurologist.

**Personal Data:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First  Name | |  | Last Name |  |
| Work Address  (in full – including institute and department name) | | |  | | | |
| Home Country | | |  | | | |
| Email Address | | |  | | | |
| Telephone number | | |  | | | |
| Date of Birth | | |  | | | |
| Local Supervisor Name (include title) | | |  | | | |
| Supervisor email | | |  | | | |

**Please explain the reasons why you are applying for a bursary:**

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|  |

**Applicant declaration:**

|  |  |  |  |
| --- | --- | --- | --- |
| I am a fully paid up EPNS member | | | YES / NO |
| I enclose a supporting letter from my supervisor | | | YES / NO |
| I enclose a copy of my CV | | | 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.**