**Request for EPNS to support an educational event: Application Form**

**Main Contact Details** (must be a fully paid up member of the EPNS)

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| --- | --- | --- | --- | --- | --- | --- |
| Title |  | | First Name |  | Last Name |  |
| Work Address  (in full – including institute and department name) | |  | | | | |
| Home Country | |  | | | | |
| Email address | |  | | | | |
| Telephone number | |  | | | | |
| Name of National Paediatric Neurology Society | |  | | | | |
| Letter of support attached from President of National Paediatric Neurology Society | | YES/NO | | | | |

**Event Details**

|  |  |
| --- | --- |
| Name of Event: |  |
| Type of Event (e.g. is it a training course, or meeting, etc.): |  |
| Start Date: |  |
| End Date: |  |
| Full address of venue: |  |
| Country  (must be in a European Country!) http://www.euro.who.int/en/countries  (in full – including institute and department name): |  |
| Brief details of the objective of the event. |  |
| Proposed programme (or subjects to be covered) attached | YES/NO |
| Will the event be all theoretical or will it also be practical/ bedside teaching? (please give details) |  |
| Number of expected participants: |  |
| General background of participants: |  |
| Level of expected education: (e.g. Beginners/ medium/ advanced) |  |
| Language of communication: (if translation from English is required, how is this proposed?) |  |
| Full cost calculation attached including the amount which the EPNS is requested to contribute (in Euros) | YES/NO |
| Are bursaries needed?  If yes, the above mentioned cost calculation will be used to decide on the amount and number awarded. | YES/NO |
| How will all participants be encouraged to join the EPNS? (it will be a pre-requisite that all bursary applicants are EPNS members). |  |
| At the end of the educational event, the EPNS request that photos and a brief report are provided which can be shared with EPNS members in the monthly update and on the EPNS website. Please confirm the name of the person who will provide this report. |  |

|  |  |
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| **Applicant Signature** |  |
| **Date** |  |

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