**EPNS Masterclass 2018, Cambridge: Bursary Application Form**

The EPNS is delighted to offer 2 bursaries. Each bursary will grant free registration for a mentor and young neurologist couple to attend. The bursaries will not cover any other expenses. This application form should be completed jointly by both the mentor and young neurologist. Please ensure you meet the criteria described and understand the terms of the bursary on the website before completion.

**Personal Data:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mentor** | Title |  | | First  Name | |  | | Last Name | |  |
| Work Address  (in full – including institute and department name) |  | | | | | | | | | |
| Home Country |  | | | | | | | | | |
| Email Address |  | | | | | | | | | |
| **Young Neurologist** | Title | |  | First  Name |  | | Last Name | |  | |
| Work Address  (in full – including institute and department name) |  | | | | | | | | | |
| Home Country |  | | | | | | | | | |
| Email Address |  | | | | | | | | | |

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

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**Declaration:**

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| --- | --- |
| We are both fully paid up EPNS members | YES / NO |
| CVs are attached | YES / NO |
| We confirm that, to the best of our knowledge, all of the information we have provided in this application represents a true and accurate statement. | YES / NO |

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