**EPNS Visiting Teacher 2018: Application Form**

(to be completed by host)

**Section A: Main Contact in host country data:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | First Name |  | Last Name |  |
| Work Address(in full – including institute and department name) |  |
| Home Country (must be in Europe and classified by the World Bank per capita income group 1, 2 or 3) |  |
| Email Address |  |
| Telephone number |  |
| Fully paid up EPNS member | YES / NO |
| Photograph attached(to be used EPNS website) | YES / NO |
| Has a visiting teacher been identified? | YES / NO |
|  If ‘YES’ | Please complete Sections B, C, D and EThen send application form to **info@epns.info** |
|   If ‘NO’ would you like EPNS to help find a Visiting teacher? | YES / NO * if yes, the EPNS will contact you to arrange.
* if no please give more details about your plans to find a visiting teacher

For both ‘YES’ and ‘NO’ answers, please complete section CThen send application form to **info@epns.info** |

**Section B: Visiting Teacher data:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | First Name |  | Last Name |  |
| Work Address(in full – including institute and department name) |  |
| Home Country(**MUST BE EUROPE**) |  |
| Email Address |  |
| Telephone number |  |
| Fully paid up EPNS member | YES / NO |
| Area of specialism |  |
| Photograph attached(to be used EPNS website) | YES / NO |

**Section C: Objectives for the Visit:**

|  |  |
| --- | --- |
| Brief details of the objective of the proposed visit. Include, how the host country expects to benefit from the visit. |  |
| Who will participate in the visit in the host country? (e.g. fellows, young paediatric neurologists, paediatricians etc ..)  |  |
| Where / in which hospital (s)will the visit take place? |  |
| What is the language to be used during the visit?  |  |

**Section D: Plans so far**

|  |  |
| --- | --- |
| When and where did the first meeting between the visiting teacher and host country main contact take place to discuss and plan the visit? (e.g. at a scientific meeting, training course or have Skype, etc.)  |  |
| Proposed start and end date of the visit (recommended length of visit is 3 days) **MUST TAKE PLACE IN 2018** |  |
| Visiting Teacher Programme: please give details here, or attach to the application form  |  |
| What will the host need to arrange in order to make the visit a success? (e.g. rearrange rotas, clinics, meeting rooms, etc.)  |  |
| At the end of the visit, the Visitor / host country must provide photos and a brief report 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.  |  |
| Are all parties involved fluent in this language? Are translators available? |  |
| How will all participants be encouraged to join the EPNS? (it is not a pre-requisite that all participants are EPNS members but it is strongly recommended). |  |

**Section E: Visiting Teacher Cost Calculation**

**(include all expected costs in Euros):**

|  |  |
| --- | --- |
| Return flights (economy travel/airline) |  |
| Airport transfers |  |
| Travel during visit |  |
| Hotel costs for full stay (how many nights will the stay be for? …………)  |  |
| Meals/drinks during the stay |  |
| Any other expected costs – please specify |  |
| Estimated total cost |  |

**Thank you for your application which will be considered by the EPNS Education and Training Committee.**

**Please return your completed application form to Sue Hargreaves at** **info@epns.info**