**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?) |  |
| What level of support from the EPNS would you like to request? E.g. EPNS pay for the travel for one, two or three EPNS Board representatives to attend the educational meeting as speaker/s. The local organisers will pay for the accommodation and catering for the EPNS Board representatives and make the local arrangements on their behalf. |  |
| If this request is granted, do you agree to include a prominent endorsement of the EPNS in the programme, and allow the opportunity for the EPNS representatives to give a brief presentation to promote the benefits of being a member of the EPNS? | YES/NO |
| 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.**