**EPNS Visiting Teacher 2019: 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, or EPNS category WB4B email [info@epns.info](mailto:info@epns.info) for confirmation) | | |  | | | |
| 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 E  Then send application form to [**info@epns.info**](mailto: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 C  Then send application form to [**info@epns.info**](mailto: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 2019** |  |
| 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**](mailto:info@epns.info)