**EPNS Training Courses 2019, Alicante: Bursary Application Form**

EPNS will offer a limited number of bursaries for each training course, which will fully cover both the course fee and accommodation costs (hotel, meals). The bursaries will not cover travel costs.

Requirements of the scheme, applicants must:

* be a member of the EPNS
* have paid their 2019 annual subscription fee.
* be a resident in paediatric neurology, neurology or paediatrics, or a young paediatric neurologist.
* reside in a European country; this is taken as the region for which the European Office of WHO is responsible <http://www.euro.who.int/en/countries> .
* Must NOT be members of the WB4A category (email [info@epns.info](mailto:info@epns.info) if unsure).

Bursary applicants who wish to attend both training courses will be given priority over those who wish to attend one of the two courses.

**Personal Data:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First  Name | |  | Last Name |  |
| Work Address  (in full – including institute and department name) | | |  | | | |
| Home Country | | |  | | | |
| Email Address | | |  | | | |
| Telephone number | | |  | | | |
| Date of Birth | | |  | | | |
| Local Supervisor Name (include title) | | |  | | | |
| Supervisor email | | |  | | | |

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

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**Applicant declaration:**

|  |  |  |
| --- | --- | --- |
| I am a fully paid up EPNS member | | YES / NO |
| I enclose a supporting letter from my supervisor | | YES / NO |
| I enclose a copy of my CV | | YES / NO |
| I confirm that, to the best of my knowledge, all of the information I have provided in this application represents a true and accurate statement, and I comply with the requirements of the scheme. | | YES / NO |
| **Applicant Name** | |  |
| **Date** |  | |

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