**Bursary Application Form**

The Kazakhstani Association of paediatric neurologists will offer 2 bursaries which will cover both the cost of the course registration fee The bursaries will not cover travel or accommodation costs.

Candidates must be young Paediatric Neurology Specialists, under the age of 40.

**Personal Data:**

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| --- | --- | --- | --- | --- | --- | --- |
| 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 in English the reasons why you are applying for a bursary (300 words max):**

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**Applicant declaration:**

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| --- | --- | --- |
| I enclose a copy of my CV (written in English) | | 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 |
| I understand that the EPNS or local organising team will not be liable for any travel or accommodation expenses in any circumstances. I must arrange suitable personal insurance. | | YES / NO |
| **Applicant Name (PRINT FULL NAME, NO NEED TO SIGN AND SCAN)** | | |
| **Date** |  | |