**Request for EPNS to support an educational event at a National Paediatric Neurology Meeting: 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 |  | | | |
| Start Date: |  | | | |
| End Date: |  | | | |
| Full address of venue: |  | | | |
| Country  (Must be in a European Country!) http://www.euro.who.int/en/countries |  | | | |
| 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?** The EPNS is open to your suggestions, e.g., EPNS pay for the travel for up to 4 EPNS 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. | |  | | |
| Estimated cost to the EPNS | | | Euros | |
| 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 |
| Is the event part of a national paediatric neurology meeting? | | | | YES/NO |
| At the end of the educational event, the EPNS request that photos and a brief report are provided to share with in the monthly EPNS newsletter and on the EPNS website. | The name of the person who will provide this report is: | | | |
| By signing this application, I confirm my understanding that the EPNS shall bear no organisational, financial or legal responsibility for any aspect related to a supported event, including correspondence with the supported EPNS Speakers regarding logistics and their availability. If, due to any reason, an EPNS supported Speaker is forced to cancel, the local organising team take full responsibility and the EPNS shall be in no way liable.  If an application for support is successful, the only role performed by the EPNS is to promote the event via the EPNS membership and arrange reimbursement of the agreed expenses | | | | |

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| **Applicant Signature** |  |
| **Date** |  |

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