**EPNS Fellowship 2023: Application Form**

**Type of Fellowship being applied for** (please tick)**:**

|  |  |
| --- | --- |
| **Clinical Elective** (e.g. attending clinics, developing skills in EEG, EMG etc.) |  |
| **Research Project** (e.g. part of a thesis; basic or patient orientated research Learning a specific skill/ technique) |  |

|  |  |
| --- | --- |
| **I would like to be considered for the Aicardi Fellowship:**  **Note:** it is at the discretion of the Selection Committee to award one prestigious **Aicardi Fellowship** to a Clinical Elective or Research Project candidate. | YES / NO |

**Personal Data:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First  Name | |  | Last Name |  |
| Work Address  (in full – including institute and department name) | | |  | | | |
| Country where you work | | |  | | | |
| Email Address | | |  | | | |
| Telephone number | | |  | | | |
| Date of Birth | | |  | | | |
| Photograph | | | I attach a copy of my photograph | | | |
| Local Supervisor Name (include title) | | |  | | | |
| Supervisor email | | |  | | | |
| Supervisor consent | | | attached to application form: YES / NO | | | |

**Background:**

**Education** (please include undergraduate, graduate, and postgraduate education):

|  |  |  |
| --- | --- | --- |
| **Degree obtained** | **Institution** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |

**Honours and awards**

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**Appointments** (please include internship, residency and research appointments)

|  |  |  |
| --- | --- | --- |
| **Speciality** | **Institution** | **Date** |
|  |  |  |
|  |  |  |

**Paediatric Neurology Training**

|  |  |
| --- | --- |
| Explain what stage you have reached in your paediatric neurology training. When do you envisage your training will be completed? |  |

**Objectives:**

|  |  |
| --- | --- |
| Brief summary of research and/or clinical objective  *(not exceeding 300 words)* |  |
| Address of host in full – including institute and department name |  |
| Country **(must be in a European Country – except Aicardi fellowship - and a different country to the one where you currently practice!)** <http://www.euro.who.int/en/countries> |  |
| Hosting Supervisor Name (include title) |  |
| Hosting Supervisor email |  |
| Hosting Supervisor consent (incl confirmation fluent in relevant language) | attached to application form and includes confirmation that I am fluent in the relevant language: YES / NO |
| proposed start date **(MUST BEGIN IN 2023)** |  |
| proposed end date |  |

**Fellowship Cost Calculation:**

|  |  |
| --- | --- |
| attached is EPNS Cost Calculation form – fully completed.  *Note: the EPNS Fellowship budget is up to 6000 Euros per successful candidate or 8500 Euros for the Aicardi Fellowship. Applicants are responsible for the management of their own budget. No extra EPNS funds are available. If calculated cost exceeds expected budget, applicants can consider shortening fellowship period.* | YES / NO |

**Applicant declaration:**

|  |  |  |  |
| --- | --- | --- | --- |
| I have been an EPNS member since at least 29 December 2022and paid my 2022 annual subscription fee | | | YES / NO |
| I understand that the fellowship must begin in 2023. | | | YES / NO |
| I have read and comply with the ‘candidate’s criteria’ on the EPNS website | | | YES / NO |
| I am fluent in the relevant hosting language (and confirmation of this is included in my hosting supervisor letter). | | | YES / NO |
| I wish to have my application considered by the EPNS Selection Committee | | | YES / NO |
| I understand that by applying, I am agreeing that if I am successful, my photo and details of my EPNS fellowship will be published in EPNS communications to all members, the website, Twitter and other relevant platforms. | | | YES / NO |
| If successful, I agree to submit the EPNS questionnaire after my fellowship has been completed which will be signed by the hosting supervisor. | | | YES / NO |
| I enclose the following documentation\*\*:   * Local supervisor consent * Hosting supervisor consent and declaration that I am fluent in the locally relevant language. * EPNS Cost Calculation form – completed * My photograph | | | YES / NO YES / NO  YES / NO  YES / NO |
| I confirm that, to the best of my knowledge, all the information I have provided in this application represents a true and accurate statement. | | | YES / NO |
| I understand that it is my responsibility to arrange appropriate insurance cover. | | | YES / NO |
| By signing this application, I am confirming my understanding that the EPNS shall bear no organisational or legal responsibility for any aspect related to the fellowship, including correspondence with the host centre regarding logistics. EPNS shall bear no liability other than providing the agreed finance. | | | YES / NO |
| **Applicant Name (no need to sign this form if it is being returned by email).** | | |  |
| **Date** |  | |

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