To be sent to info@epns.info **before 31 May 2025** along with a **short CV**

Please carefully read the **YEPNS Memorandum** available at <https://www.epns.info/young-epns-yepns/> before submitting your candidacy. Thank you.

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Birth date (dd/mm/yyyy) |  |
| Country of origin:  |  |
| Country of practice (must be within Europe) |  |
| Contact details | Department:  |  |
| Postal address: |  |
| Email address:  |  |
| Phone number (incl international dialling code): |  |
| Are you a Paediatric Neurologist in training? Answer YES or NO  |  |
| **If YES**  | specify year of training (e.g. 1st, 2nd, etc,) |  |
| **If NO**  | specify year of qualification in Paediatric Neurology |  |
| Are you a fully paid EPNS member (this is required)? Answer YES or NO  |  |
| Please indicate the YEPNS Working(s) Group(s) that you are actively participating |  |
| Please indicate the full name of an YEPNS/EPNS Committee member that could provide reference for your candidacy (facultative).  |  |
| I attach a short CV (this is required). Answer YES or NO  |  |
| I hereby confirm that I have read the YEPNS Memorandum and understood the requirements for Candidates and Elected members. Answer YES or NO  |  |
| Please explain in a short paragraph (250 words max) why you wish to join the YEPNS Committee |  |
| Please provide at least one idea (max 5) on new or existing YEPNS projects that you wish to develop/evolve if you join YEPNS Committee?  |  |

To be sent to info@epns.info **before 31 May 2025** along with a **short CV**