To be sent to [info@epns.info](mailto: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? | | |  | | | | | | |

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