**EPNS Training Courses 2026, Ferrara: Bursary Application Form**

**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 | | |  | | | | |
| Have you received an EPNS busrary previously? | | | | | YES / NO  If yes, specify when and what for. | | |
| Are you a trainee/resident/fellow in paediatric neurology, neurology or paediatrics? | | | | | YES / NO  How many years do you have before you are qualified? | | |
| Are you a qualified Paediatric Neurologists? | | | | | YES / NO  If yes, how long have you been qualified? | | |

**Please explain the reasons why you are applying for a bursary:**

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**Applicant declaration:**

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| I am a fully paid up EPNS member and I have paid the 2025 EPNS membership fee. | | YES / NO |
| I enclose a supporting letter from my supervisor (written in English) | | YES / NO |
| 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 confirm I will be submitting a Case Presentation | | YES / NO |
| I confirm that I understand the terms of the bursary stated below | | YES / NO |
| **Applicant Name** (no need to sign the Word document if returning by email) | | |
| **Date** |  | |

**Terms of the bursary**

1. The applicant must be:
   * A member of the EPNS
   * Paid the 2025 EPNS membership fee
   * Must **NOT** be members of the WB4A EPNS subscription category (email [info@epns.info](mailto:info@epns.info) if unsure).
   * be a trainee/fellow/ resident in paediatric neurology, neurology or paediatrics, or a young paediatric neurologist.
   * Submit a Case Presentation. **Bursaries will not be honoured if a case presentation is not submitted**. More instructions about how to submit a case presentation will be announced in due course.
2. EPNS will offer a limited number of bursaries for each training course, which will fully cover both the course fee and accommodation costs in a shared room (hotel, meals).
3. The bursary will not cover any other costs, for example travel costs, extra night’s accommodation, upgrade to a single/non shared room, etc.
4. In the event of cancellation, the EPNS will not be responsible for or liable for any travel costs or extra night’s accommodation costs. It is recommended that delegates have appropriate travel insurance.
5. Bursary applicants who wish to attend both training courses will be given priority over those who wish to attend one of the two courses.