**EPNS Fellowship Award 2025: Application Form**

**Type of Fellowship Award 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) |  |

**Personal Data:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | First  Name | |  | Last Name |  |
| Work Address  (in full – including institute and department name) | | |  | | | |
| Country where you work | | |  | | | |
| Email Address | | |  | | | |
| Telephone number | | |  | | | |
| 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**

|  |  |
| --- | --- |
| Are you a paediatric neurology trainee or a qualified paediatric neurologist? | Paediatric neurology trainee: YES/NO  Qualified paediatric neurologist: YES/NO |
| If you are a trainee: | * How many years have you been training for? * How many years do you have left in training? |
| Explain what stage you have reached in your paediatric neurology training. |  |
| If you are a qualified paediatric neurologist: | * How many years have you been a qualified paediatric neurologist? |

**Objectives:**

|  |  |
| --- | --- |
| Brief summary of research and/or clinical objective  *(not exceeding 300 words)* |  |
| Specify exactly what will be achieved in the 3 month fellowship period. |  |
| Address of host in full – including institute and department name |  |
| Country  **please ensure location criteria is met** [**https://www.epns.info/epns-fellowship-application/**](https://www.epns.info/epns-fellowship-application/) |  |
| 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 2025)** |  |
| proposed end date |  |

**Fellowship Award Cost Calculation:**

|  |  |
| --- | --- |
| I confirm that I will be able to achieve the objectives of my proposed fellowship with the fixed amount awarded.  *Note – The completed cost calculation form is for your own records only & does not need to be sent with your application. Completing this document enables you to focus on the expenses required and confirm your objectives can be acheived within the allocated budget. The cost calculation will not influence the amount awarded.*  *The EPNS Fellowship award budget* ***is fixed at 6,000 Euros*** *per successful candidate (8500 Euros for the successful candidate awarded the Aicardi Fellowship award) 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 24 December 2023**and** paid my 2024 annual membership fee. | | | YES / NO |
| I understand that the fellowship must begin in 2025. | | | 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, I will submit a photo and details of my EPNS fellowship, which will be published in EPNS communications to all members, the website, Twitter and other relevant platforms. | | | YES / NO |
| If successful, I agree to submit an 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. | | | 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.**