**EPNS Visiting Teacher 2025: Application Form**

(To be completed by host)

**Section A: Main Contact in host country data:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | First Name |  | Last Name |  |
| Work Address(in full – including institute and department name) |  |
| Home Country (must be in Europe and classified by the World Bank per capita income group 1, 2 or 3, or EPNS category WB4B email info@epns.info for confirmation) |  |
| Email Address |  |
| Telephone number |  |
| Fully paid up EPNS member (mandatory) | YES / NO |
| Has a visiting teacher been identified?  | YES / NO |
|  If ‘YES’ | Please complete Sections B, C, D and E |
|  If ‘NO’ would you like EPNS to help find a Visiting teacher? | YES / NO |

**Section B: Visiting Teacher data:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | .  | First Name |  | Last Name |  |
| Work Address(in full – including institute and department name) |  |
| Home Country |  |
| Email Address |   |
| Telephone number |  |
| Fully paid up EPNS member (recommended). | YES / NO |
| Area of specialism |  |

**Section C: Objectives for the Visit:**

|  |  |
| --- | --- |
| Brief details of the objective of the proposed visit. Include, how the host country expects to benefit from the visit. |  |
| Who will participate in the visit in the host country? (e.g. fellows, young paediatric neurologists, paediatricians etc ..)  |  |
| Where / in which hospital (s)will the visit take place? |  |
| What is the language to be used during the visit?  |  |

**Section D: Plans so far**

|  |  |
| --- | --- |
| When and where did the first meeting between the visiting teacher and host country main contact take place to discuss and plan the visit?  |   |
| Proposed start and end date of the visit (recommended length of visit is 3 days)  |  |
| Has the visiting teacher agreed to the proposed dates of the visit? (if no, the application cannot be considered) |  |
| Visiting Teacher Programme: please give details here, or attach to the application form  |   |
| What will the host need to arrange to make the visit a success? (e.g. rearrange rotas, clinics, meeting rooms, etc.)  |  |
| At the end of the visit, the Visitor / host country must provide photos and a brief report which can be shared with EPNS members in the monthly update and on the EPNS website. Please confirm the name of the person who will provide this report.  |  |
| Are all parties involved fluent in the agreed language? Are translators available? |  |
| How will all participants be encouraged to join the EPNS? (it is not a pre-requisite that all participants are EPNS members, but it is strongly recommended). |  |

**Section E: Visiting Teacher Cost Calculation**

**(include all expected costs in Euros):**

|  |  |
| --- | --- |
| Return flights (economy travel/airline) |  |
| Airport transfers |  |
| Travel during visit |  |
| Hotel costs for full stay (how many nights will the stay be for? …………)  |  |
| Meals/drinks during the stay |  |
| Any other expected costs – please specify. |  |
| Estimated total cost. |  |

**Terms and Conditions IMPORTANT PLEASE READ**: By sending this application you are confirming that you understand the EPNS shall bear no organisational, financial, or legal responsibility for any aspect related to the EPNS Visiting Teacher event, including correspondence with the supported EPNS Teacher regarding logistics and their availability. If, due to any reason, an EPNS Visiting Teacher is forced to cancel, the local organising team take full responsibility and the EPNS shall be in no way liable.  The only role performed by the EPNS is to arrange reimbursement of the agreed expenses, assist in promoting the EPNS and collate/share the feedback after the event.

**Thank you for your application which will be considered by the EPNS Education and Training Committee.**

**Please return your completed application form to** **info@epns.info**

**TOGETHER WITH THE LETTER OF SUPPORT FROM THE VISITING TEACHER**