**BSPN CLINICAL FELLOWSHIP**

**APPLICATION FORM 2025**

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| Full name: |  |
| Current institution: |  |
| Paediatric Neurology training completed (Y/N) |  |
| Start date of training in Paediatric Neurology: |  |
| Registration date as pediatric neurologist: |  |
| Member of BSPN (Y/N) |  |
| If applicable: date and title of oral communication at BSPN symposium (1) |  |
| If applicable: date and title of oral communication at BSPN symposium (2) |  |
| Host institution: |  |
| Host supervisor (name and emailaddress) |  |
| Primary language during the clinical fellowship: |  |
| Topic of the clinical fellowship: |  |
| Aim of the clinical fellowship with the 3 most important learning goals: |  |
| Duration of the fellowship (minimum 3 months): |  |
| Foreseen start date of the fellowship: |  |
| Amount asked (maximum 7500 euros):  *Conform budget calculation below* |  |

**Budget calculation:**

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| --- | --- |
| Estimated travel costs: |  |
| Estimated living costs:  *A fixed allowance of 66 euros per day or 1650 euros per month can be used for this grant application* |  |