**BSPN CLINICAL FELLOWSHIP**

**APPLICATION FORM 2025**

|  |  |
| --- | --- |
| 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:**

|  |  |
| --- | --- |
| 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*  |  |