**Fellowship Application Form**

**I wish to apply for Fellowship of the EAPCCT**

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| **Name**: |       |

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| **Professional address and telephone number**: |
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| **Email address**: |
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| **Professional and academic positions held**: |
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| **Year of joining EAPCCT**: |
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| **Years of continuous paid membership of EAPCCT to date** |
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| **Committee, Board or Working Group positions or contribution to EAPCCT or sister organisations in other ways:** |
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| **List the years you have attended an EAPCCT Congress**: |
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| **Presentations made at an EAPCCT Congress for the following categories**(note – you may provide a CV with a list of publications if that is simpler) |
| Invited orals (presented personally) | Number -       |
| (details) |
| Invited orals (presented by co-author) | Number -       |
| (details) |
| Submitted orals (presented personally) | Number -       |
| (details) |
| Submitted oral (presented by co-author) |  |
| (details) |
| Poster (presented personally) | Number -       |
| (details) |  |
| Poster (presented by co-author) |  |
| (details) |
| Other (specify) | Number -       |
| (details) |

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| **List the years you have acted as an EAPCCT or NACCT Congress abstract reviewer**: |
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| **List the EAPCCT or NACCT Congress symposia you have organised**: |
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| **List your contribution to our sponsored journal *Clinical Toxicology***(e.g. membership of Editorial Board, Senior Editorial Board, Reviewer, authored papers, review articles (or supply CV): Limit 150 words) |
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| **Please provide examples of your work and contributions to the field of clinical toxicology and Poisons Centres activities** (*e.g. published papers, project involvements, contribution to sister organisations etc.*). Limit 150 words |
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| **Please provide the names and contact details of 2 referees, one of whom must be an EAPCCT member**(Note – referees may be approached to verify that you meet the criteria for Fellowship, to their best knowledge) |
| **Referee 1** |
| **Name**: |       |

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| **Professional address**: |
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| **Email address**: |
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| **Referee 2** |
| **Name**: |       |

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| **Professional address**: |
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| **Email address**: |
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**I declare that the information provided in this form is accurate**

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| **Signed** |      (Note that it is acceptable for you to type your full name in this space and email the form from a personal email address. This will be considered equivalent to a signed paper copy) |

Once completed, please send this form by email to the EAPCCT Past President, Irma de Vries (I.deVries-6@umcutrecht.nl)

Applications are considered annually and must be received by **29th February 2016** to be considered for award at the 2016 congress.