**Fellowship Application Form**

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

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

|  |  |
| --- | --- |
| **Professional address and telephone number**: | |
|  |  |

|  |  |
| --- | --- |
| **Email address**: | |
|  |  |

|  |  |
| --- | --- |
| **Professional and academic positions held**: | |
|  |  |

|  |  |
| --- | --- |
| **Year of joining EAPCCT**: | |
|  |  |

|  |  |
| --- | --- |
| **Years of continuous paid membership of EAPCCT to date** | |
|  |  |

|  |  |
| --- | --- |
| **Committee, Board or Working Group positions or contribution to EAPCCT or sister organisations in other ways:** | |
|  |  |

|  |  |
| --- | --- |
| **List the years you have attended an EAPCCT Congress**: | |
|  |  |

|  |  |
| --- | --- |
| **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) | |

|  |
| --- |
| **List the years you have acted as an EAPCCT or NACCT Congress abstract reviewer**: |
|  |

|  |
| --- |
| **List the EAPCCT or NACCT Congress symposia you have organised**: |
|  |

|  |
| --- |
| **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) |
|  |

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

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

|  |  |
| --- | --- |
| **Professional address**: | |
|  |  |

|  |  |
| --- | --- |
| **Email address**: | |
|  |  |

|  |  |
| --- | --- |
| **Referee 2** | |
| **Name**: |  |

|  |  |
| --- | --- |
| **Professional address**: | |
|  |  |

|  |  |
| --- | --- |
| **Email address**: | |
|  |  |

**I declare that the information provided in this form is accurate**

|  |  |
| --- | --- |
| **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, Alexander Campbell ([eapcct@npis.org](mailto:eapcct@npis.org))

Applications are considered annually and must be received by **28th February 2018** to be considered for award at the 2018 congress.