Toxnet Award Application

First Page / Progress Indicator

HTML / Code Block

Contents of this field are not displayed in the form builder preview.

Do you give consent to Merz to process your personal data? *

- [ ] Yes, I give consent to Merz to process my personal data

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Applicant information

HTML / Code Block

Contents of this field are not displayed in the form builder preview.

NAME OF APPLICANT *

EMAIL ADDRESS *

CURRENT INSTITUTION *

ADDRESS OF THE INSTITUTION

Address Line 1

Address Line 2

City | State / Province / Region

--- Select Country ---

Postal Code | Country

CLINICAL SETTING(S) *

- [ ] Out-patient
- [ ] In-patient
- [ ] Nursing home

PATIENT TYPES *

- [ ] Adults
- [ ] Children

DESCRIPTION OF SPASTICITY CLINICAL TEAM & MANAGEMENT ACTIVITIES AND (NUMBERS, ACTIVITIES ETC) *

YEARS TREATING SPASTICITY *

TYPICAL NUMBER OF SPASTICITY PATIENTS PER YEAR *

Click to Edit | Drag to Reorder

DAYS PER WEEK WORKING IN SPASTICITY MANAGEMENT *

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Education and Training

INSTITUTION AND LOCATION *

COMPLETION DATE *

OTHER DEGREES (if applicable)

FIELD(S) OF STUDY *

Click to Reorder

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Positions, Scientific Appointments, and Honours

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Contents of this field are not displayed in the form builder preview.

POSITIONS (STARTING WITH CURRENT POSITION)

Add/delete rows as necessary using the plus and minus symbols.

POSITION *

FROM *

TO *

RESPONSIBILITY *

Click to Edit | Drag to Reorder

Add Fields

Add | Remove

SCIENTIFIC APPOINTMENTS

Add/delete rows as necessary using the plus and minus symbols.

APPOINTMENT

FROM

TO

RESPONSIBILITY

Add Fields

Add | Remove

HONOURS/AWARDS (IF APPLICABLE)

Add/delete rows as necessary using the plus and minus symbols.

HONOURS/AWARDS

FROM

Click to Edit | Drag to Reorder

TO

COMMENTS

Add Fields

Add | Remove

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Suitability for receiving Toxnet Award – Scholarly

HTML / Code Block

Contents of this field are not displayed in the form builder preview.

Number of research projects investigating relevant aspects of spasticity management *

Click to Edit | Drag to Reorder

Number of peer-reviewed publications on topic *

Please provide up to 5 references of your most important scientific contributions

Reference *

Number of posters/presentations of relevant research at national meetings *

Number of posters/presentations at international meetings *

Scopus h-index *

Please provide a short statement (< 250 words)I outlining valuable contribution to scholarly work (e.g. research, teaching, podium presentations) *

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Suitability for receiving toxnet award – Clinical

HTML / Code Block

Contents of this field are not displayed in the form builder preview.

WHAT IS YOUR CURRENT ROLE IN MANAGING PATIENTS WITH SPASTICITY? *

What range of services do you personally provide? Tick all that apply *

- [ ] Intrathecal Baclofen Therapy (ITB)
- [ ] Surgical interventions
- [ ] Other
- [ ] Oral medications
- [ ] Toxins
- [ ] Physical interventions
- [ ] Ultrasound

Other services

Please provide a short statement (< 250 words) outlining any valuable contribution to clinical excellence and patient care (e.g. development or growth of a spasticity program in your practice or institution, any particular needs of the patient population that you have addressed, integration of innovative technologies) *

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Endorsement by senior colleague

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Contents of this field are not displayed in the form builder preview.

NAME OF ENDORSING SENIOR COLLEAGUE *

POSITION TITLE OF ENDORSING SENIOR COLLEAGUE *

EMAIL ADDRESS OF ENDORSING SENIOR COLLEAGUE *

Email | Confirm Email

Please upload a short signed statement (< 250 words) from your colleague outlining why you should be considered for the Toxnet award. *

Click to upload or drag file to this area to upload.

Click to Edit | Drag to Reorder

Layout

Add Fields | Add Fields

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DO NOT COMPLETE