Japanese Society of Psychiatry and Neurology Fellowship Award Application

1	Applicant name	Taro Seishin
2	Date of birth	May 23 1990
3	Age	35
4	Gender	Prefer not to specify
5	E-mail	TaroSeishin@xxxx.xx.jp
6	Education (after graduating from university)	2019 ECNP - Oxford school of neuropsychophar-macology
7	Training and Experience in psychiatry	Training; The University of Hongo Hospital, Depertment of Psychiatry Experience; 2017- Ph.D. student and clinical fellow at the Department of Psychiatry, The University of Hongo Hospital 2019- Present Psychiatric Consultant, Hongo Central Hospital of Tokyo 8 Honor / Award
8	Honor / Award	2020 WPA Fellowship Award
9	Current Position and Affiliation	Psychiatric Consultant, Hongo Central Hospital of Tokyo
10	Name of Chief of Current Affiliation	Jiro Seishin, M.D., Ph.D
11	Name of president of WPA Member Society to which you belong	Toshiya Murai, M.D., Ph.D.
12	Past Presentations (5 representative presentations)	If you have given any presentations before, please input the title, date, and place in this field. if not, please fill "N/A" in this field.
13	Publication (5 representative publications)	If you issued any publication before, please input the title, date, and place in this field. if not, please input "N/A" in this field.

14	Activities (5 representative activities)	Japan Young Psychiatrists Organization (JYPO), board member (2019-) JYPO, President (2023-) Course for Academic development (CADP) (planned by JYPO), chairperson (2019) CADP, vice-chairperson (2020) ICD-11 translation committee in JYPO, member Disaster Psychiatric Assistance Team (DPAT), committee member e.t.c. **If you have been doing some activities, please input the information in this field. if not, please input "N/A" in this field.**
15	Category of Application * Select one and delete the others	2. Case Vignette: Sleep Disorders **Please choose one**
16	Abstract Title * Input the same title as you submit an abstract through On-Line Registration System	**Please input your "Abstract Title" as same as you submit on On-line Registration System.**
17	Reason for Application *100 to 150 words	**Please input your "Reason for Application" in this field.**
18	Year of application for JSPN Fellowship award in the past, if applicable	2022
19	Awardee's name and photographs taken during the Annual Meeting may be published in the JSPN leaflet or on the official social media platforms of the JSPN International Committee. * Select one of the following options and delete the other	·I consent to the use of my name and photos. **Please choose one**