

## About the Course

***Welcome to the Summer Training Course for Young Patients Advocates' application form.  
Please read the information below before starting the application process. Best of luck!***

The Summer Training Course for Young Patients Advocates – Leadership Programme is an exciting and unique opportunity offering a tailored high-quality training to young patient advocates or representatives of young patient advocates who have the motivation to learn more about advocacy and maximise their leadership potentials in a real environment.

Our vision for the Training Course is to create a platform where young patient advocates would empower, inspire, and learn from each other on an annual basis.

This year's topic will be dedicated to investigate how patient advocacy is evolving and facing emerging challenges and opportunities while keeping a **strong ethical approach**. Today, patient involvement in healthcare systems and in the R&D medicines lifecycle provide tremendous opportunities to have **patients' voices heard** and their input embedded in the design of services. Please make sure you read the concept note that you can find [HERE](#) before applying.

The Training Course consists of three main phases:

- 1) **Introduction phase** (one webinar monthly and to complete other online learning tasks, taking up to one hour weekly).
- 2) **Face to face meeting**, which will be held in Vienna, Austria from Sunday 5th July (evening) through Wednesday 8th July (afternoon).
- 3) **Online mentoring and team project development phase**. (online gatherings between July and October)

Participants **must be able to attend the entire Training Course programme**, which will start in May and end in October.

Applications will be accepted until midnight CET on **1 March 2020**. After 1 March, no late applications will be accepted or considered! All accepted applicants will be notified by **30 March 2020** at the latest.

If you have any additional questions or issues with your application, please contact EPF Secretariat members:

Mrs. Elena Balestra at [elena.balestra@eu-patient.eu](mailto:elena.balestra@eu-patient.eu) and Mrs. Borislava Ananieva at [borislava.ananieva@eu-patient.eu](mailto:borislava.ananieva@eu-patient.eu)

## Application Instructions

This form shall only be used by applicants for the Summer Training Course for Young Patients Advocates – Leadership Programme 2020. Before starting your application form, please be sure to note the following:

- Please answer each question in full, providing as much detail as possible. Incomplete applications and/or applications received after the deadline of **1 March 2020, 23:59 Central European Time** are not valid and will not be reviewed by the Training Course Organisation committee.
- To ensure that you have sufficient time to correctly complete your application, we suggest that you first complete your application in a Word document and then copy/paste your text answers into the online form. Here you can find a pdf version of the application where you could see all the questions. You will be able to go back and finish your application in more than one session as long as you use the same computer!
- Your personal data collected for the purposes of this application process will be treated in a confidential manner.
- It is important for you to know that the training course is limited to 40 participants. Your application will be scored and evaluated by the members of the Course Organisation Committee.
- Finally, please note that only successful candidates will be contacted by **30 of March 2020**.

WHO SHOULD APPLY? Applicants must be either be a:

- Young Patient with a chronic and/or lifelong illness/condition who is not affiliated with a patient organisation,
- Young Patient with a chronic and/or lifelong illness/condition who is affiliated with a patient organisation,
- Young Employee or volunteer of a patient organisation,
- Alternatively, a family member/carer of a young patient with a chronic and/or lifelong illness/condition can attend the training if he/she accompanies a young advocate and is at the same time an active patient advocate,
- Age Range: **18 – 30 years of age** at the time of applying,
- Country of residence: Applications will be accepted from candidates living in Europe.

**Other criteria:** Knowledge of healthcare policy, interest in developing leadership abilities and advocacy skills (with special focus on ethical patient advocacy) and willingness to use the learning in practice. If you do sign up for this training course we expect you to commit yourself to applying the knowledge in practice by transferring learning to other young peers, to becoming actively (if not already) involved in patients' advocacy, and be part of larger patients' movement, after finishing the course.

**Time Commitment:** Applicants must be able to commit and actively participate in all three stages of the training course, lasting from May until end of October 2020.

The "Introduction" phase of the course will require all members to participate in one webinar a month and to complete other online learning tasks, taking up to one hour a week.

The "Face to face meeting" which will be in Vienna, Austria. It will last 4 days – starting Sunday, July 5 and ending on Wednesday, July 8.

The "Online mentoring and team project development" phase will require all participants to join one webinar a month and to complete other online learning tasks, taking up to one hour a week. During this phase participants will learn to work in teams to plan and run their advocacy project targeting their own country.

**Language:** Please, note that the entire training will be taking place in English. To successfully take part in this training course, you must have a working knowledge of English at minimum at the Upper Intermediate level (B2 of the Common European Framework of Reference for Languages), meaning: "You can interact with a degree of fluency and spontaneity that makes regular interaction

## Application Structure

The application form contains the following sections. Please make sure that you complete all parts of this form.

1. Declaration of Commitment
2. Applicant's General Information
3. Language
4. Motivation
5. Knowledge and Experience in Patient Advocacy
6. Applying acquired Learning
7. Specific Requirements
8. Certification and Acknowledgements

## 1. Declaration of Commitment

\* 1. I commit to take part in the application, assessment process and the online Introduction training sessions, which are an integral part of this training course (these online sessions will be conducted in the period between early May 2020 and June 2020).

Yes

No

\* 2. I commit to attend the four (4) full days of the Face to face meeting that will be held on 5-8 July 2020, in Vienna.

Yes

No

\* 3. I commit to take an active role during the Online mentoring and team project development phase (to be conducted in the period between July and October 2020) and I acknowledge that this will require engagement from my side, including attending monthly webinars, completing online learning tasks and working on the personal advocacy project.

Yes

No

Other (please specify)

\* 4. If I get accepted, I agree that my contact details will be shared with People Dialogue and Change (the trainers of the course), as they might be uploaded onto online learning tools (like Mailchimp, Pathwright, Padlet and Zoom). My contact details will only be used to provide access to the online learning elements of the course.

Yes

No

## General Information

\* 5. Gender

\* 6. First Name:

7. Middle Name (if applicable):

\* 8. Last name:

\* 9. Please indicate if you are:

Employee of a patient organisation

Volunteer of a patient organisation

Patient with a chronic and/or lifelong illness/condition who is affiliated with a patient organisation

Patient with a chronic and/or lifelong illness/condition who is not affiliated with a patient organisation

Family member/carer (not affiliated with a patient organisation) of a patient with a chronic and/or lifelong illness/condition

None of the above (I am not a patient or family member/carer of a patient nor am I involved in a patient organisation as either employee or volunteer). If this is the case, please be aware that you are not eligible for this Course!

\* 10. Please indicate the chronic and/or lifelong illness/condition you are representing?

11. If you are a staff member or volunteer of a patient organisation, please provides us with the following information:

Organisation name (in English):

Contact details (address, website, etc):

Your title within the organisation:

Your current responsibility and duties, with focus on the activities where you need to take a leadership role:

\* 12. Date of birth (day-month-year):

\* 13. Nationality:

\* 14. Full postal address:

Street and number:

Town/City:

Postal code:

Country of residence:

\* 15. Telephone number:

Mobile:

Home phone (if applicable):

\* 16. Email address:

\* 17. How did you hear about the Summer Training Course?

(Please tick all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> EPF Website                       | <input type="checkbox"/> EPF event (while attending a conference, workshop, etc.): |
| <input type="checkbox"/> EPF Newsletter or Weekly Insiders | <input type="checkbox"/> Social media  |
| <input type="checkbox"/> EPF Members                       | <input type="checkbox"/> Through a friend, colleague, or professional contact      |

### 3. Language

\* 18. What is your mother tongue or native language? Please only select one:

\* 19. Please rate your English language **READING** skills, using the definitions provided on page 2 (Application Instructions) as a reference. Please be reminded that applicants must have a working knowledge of the English language (at least at an upper intermediate level or B2 Common European Framework of Reference for Languages (CEFR)).

- |   |                                     |
|---|-------------------------------------|
| <input type="radio"/> C2 Advanced           | <input type="radio"/> A2 Elementary |
| <input type="radio"/> C1 Very Good          | <input type="radio"/> A1 Basic      |
| <input type="radio"/> B2 Upper intermediate | <input type="radio"/> None          |
| <input type="radio"/> B1 Lower Intermediate |                                     |

\* 20. Please rate your English language **WRITING** skills, using the definitions provided on page 2 (Application Instructions) as a reference. Please be reminded that applicants must have a working knowledge of the English language (at least at an upper intermediate level or B2 Common European Framework of Reference for Languages (CEFR)).

- |   |                                     |
|---|-------------------------------------|
| <input type="radio"/> C2 Advanced           | <input type="radio"/> A2 Elementary |
| <input type="radio"/> C1 Very Good          | <input type="radio"/> A1 Basic      |
| <input type="radio"/> B2 Upper intermediate | <input type="radio"/> None          |
| <input type="radio"/> B1 Lower Intermediate |                                     |

\* 21. Please rate your English language **SPEAKING** skills, using the definitions provided on page 2 (Application Instructions) as a reference. Please be reminded that applicants must have a working knowledge of the English language (at least at an upper intermediate level or B2 Common European Framework of Reference for Languages (CEFR)).

- |   |                                     |
|---|-------------------------------------|
| <input type="radio"/> C2 Advanced           | <input type="radio"/> A2 Elementary |
| <input type="radio"/> C1 Very Good          | <input type="radio"/> A1 Basic      |
| <input type="radio"/> B2 Upper intermediate | <input type="radio"/> None          |
| <input type="radio"/> B1 Lower Intermediate |                                     |

#### 4. Motivation

\* 22. Please tell us about how you see yourself in the role of a young patient advocacy leader and describe your reasons for wanting to take part in this Training Course. Your answers in this section are considered as your motivation letter and represent one of the most important parts of your application. Please limit your response to 3000 characters (approximately 500 words).

If you want you can share with us a short video (1:30 minutes maximum) presenting yourself and why would you like to participate in this course. To upload your video, please use one of the following video platforms ([www.youtube.com](http://www.youtube.com), [www.vimeo.com](http://www.vimeo.com) or [www.streamable.com](http://www.streamable.com)) and paste your link in the box below. [Please note that this is is not compulsory but it will help the selection committee to better assess your application].

## 5. Knowledge and Experience in Patient Advocacy

**In this section, we would like to understand your experience and knowledge in patient advocacy, including your strengths and any areas of knowledge that you would like to develop further.**

\* 23. What is the highest education level you attained?

- Primary education
- Lower secondary education
- Upper secondary education
- Tertiary education – university-level, academic and vocational education
- Post tertiary education – further university-level studies (master's and PhD)

\* 24. What is the main subject area you have studied?

\* 25. If it was not part of your schooling or studies, have you previously participated in training in healthcare policy?

- Yes
- No

\* 26. If it was not part of your schooling or studies, have you previously participated in training in patient advocacy?

- Yes
- No

\* 27. Please rate your patient advocacy experience and knowledge :

- Advanced - I have done extensive advocacy work (position papers, representing a patient view in advocacy meetings or consultations, etc.)
- Good - I have a good knowledge about some patients issues; I feel confident about advocating on some patients issues and do that on a regular basis
- Intermediate - I have sometimes received information and had an opportunity to engage in patients' advocacy on some issues in broad terms
- Basic - I understand what the patients' advocacy is about, but I have rarely interacted in consultations, committees, working groups and other advocacy work; I have mainly received information
- None - No knowledge or patients' advocacy experience

\* 28. Please describe any specific topic or area where you would like to further develop your knowledge and skills in relation to patient advocacy. Please feel free to refer to the theme of the Training Course as well. Please limit your response to 1500 characters (approximately 250 words).

## 6. Applying Acquired Learning

\* 29. Please describe the local and national networks and/or organisations you are part of and/or how you intend to apply the knowledge and skills you will acquire during the Training Course into your daily life. Describe what you would like your unique contribution to be to: i) your organisation ii) specific advocacy initiatives and/or iii) the larger patient community. We ask that you please limit your response to a maximum of 600 words.

30. Last but not least, please give us any information (not covered by the previous questions) that you think may contribute to the successful selection of your application. Please limit your response to 1500 characters (approximately 250 words).

## 7. Specific Requirements

**EPF is committed to equal opportunities and will endeavour to reasonably accommodate the specific needs of applicants with disabilities, medical conditions, and/or family circumstances that may have an impact on day-to-day activities, so they may participate in and successfully complete the EPF training course, within the abilities and budget of EPF.**

- \* 31. Please describe any specific requirements you may have in relation to disabilities, medical conditions, and/or family circumstances that may have an impact on your ability to participate in and successfully complete the Summer Training Course for Young Patient Advocates, whether in respect of the assessment, the training sessions taking place in Vienna, or in the follow-up phase in your own country.

## 8. Certification and Acknowledgements

\* 32. I hereby confirm that the information above is correct and accurate to the best of my knowledge. I certify that the statements made by me in answering these questions are true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or material omission on this application form and/or additional documents provided in support of this application will render my participation in the activities liable to suspension.

First and last name

Date (day-month-year)