

Introduction

Dear Applicant,

Welcome to the application form. Please answer each question in full, providing as detailed answers as possible. If a question does not apply, please indicate so by inserting "N/A" in the corresponding question box. Incomplete applications and/or applications received after the deadline will not be considered.

The selection of participants will be carried out by EPF according to an assessment of the following criteria:

- Compliance with **eligibility criteria**. In case the number of applications is higher than the available places for this module, preference will be given to organisations which comply with EPF Full membership criteria;
- **Profile of the nominated participant**: The organisations' representative **has a leading role in the organisation and can influence its governance** (as per job description or Terms of Reference if applicable);
- **Availability and commitment**: the organisation's representative must be available for the proposed trainings dates and committed to pursue and further develop the activities initiated during the training. The candidate will need to demonstrate how he/she intends to apply learning in her/his organisation.
- The quality of the **motivation application form**;
- Language requirement: the organisation's representative has a good knowledge of **English** (written and spoken).

Applications will be accepted until midnight on **16 February 2020**. After 16 February, no late applications will be accepted or considered! All accepted applicants will be notified by **24 February 2020** at the latest.

If you have any additional questions or issues with your application, please contact EPF Secretariat member Elena Balestra (elena.balestra@eu-patient.eu) .

Good luck!

Application Instructions

This form shall only be used by applicants for the EPF Capacity Building Module 2020 on Empowering Leadership and Positive Organisational Governance. 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 16 February 2020, 23:59 Central European Winter Time are not valid and will not be reviewed by the 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. You will be able to go back and finish your application in more than one session as long as you use the same device and browser!
- 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 24 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 the 24 February 2020.
- **PLEASE NOTE THAT ALL PARTICIPANTS COSTS WILL BE COVERED BY EPF IN LINE WITH OUR TRAVEL POLICY.**

WHO SHOULD APPLY?

Applicants must be either a:

- Staff member or a volunteer of an EPF Member organisations active at European or national-regional level preferably based in Slovakia, Bulgaria, Romania, Poland, Hungary, Western Balkans but not only in EU countries who have a leading role in the organisation and can influence processes and governance;
- Staff member or a volunteer of a cross-section of EPF Member organisations' membership who have a leading role in the organisation and can influence processes and governance;
- Staff member or a volunteer of other European or national-regional patient organisations not affiliated with EPF who have expressed an interest in participating in this event, who have a leading role in the organisation and can influence processes and governance.
- Applications' organisation must be legally registered association/NGO working for the direct benefit of targeted, disease-specific population in a specific geographical scope.

Other criteria: **interest in developing empowering leadership skills**, 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 peers.**

Time Commitment: Applicants must be able to commit to actively participate in the 2 face to face training for a total of 4 full days (28-29 March 2020 and 26-27 September 2020) and 5 months online coaching (approximately 1-2 hours per month between April and September).

Language: Please note that the entire training will be take 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 with native speakers quite easy, without strain for either party."

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 Leadership and Governance
6. Applying acquired Learning
7. Specific Requirements
8. Certification and Acknowledgements

1. Declaration of Commitment

* 1. I commit to attend the two face to face trainings and the online coaching sessions and I declare that I have read the dates of the face to face trainings.

Yes

No

* 2. I commit to use and share the learnings in my own organisation to represent and advance the patient's voice and mobilise the patient movement.

Yes

No

* 3. My organisation is a legally registered association/NGO working for the direct benefit of targeted, disease-specific population in a specific geographical scope or a legally registered association working for the direct benefit of a targeted non disease specific population in a specific geographical scope.

Yes

No

* 4. My organisation commits to comply with the highest standards of transparency and accountability. My organisation will ensure that learning, outputs, and outcomes of this training programme are effectively upheld by the governing body of the organisation.

Yes

No

General Information

* 5. Title:

* 6. First Name:

7. Middle Name (if applicable):

* 8. Last name:

* 9. Please indicate if you are:

- | | |
|--|---|
| <input type="checkbox"/> Employee or a volunteer of a patient organisation member of EPF | <input type="checkbox"/> Board Member of a patient organisation member of EPF |
| <input type="checkbox"/> Employee or a Volunteer of a patient organisation member of a member of EPF | <input type="checkbox"/> Board Member of a patient organisation member of a member of EPF |
| <input type="checkbox"/> Employee or a Volunteer of a patient organisation not affiliated with EPF | <input type="checkbox"/> Board Member of a patient organisation not affiliated with EPF |

* 10. 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 use leadership skills and take important decisions for the governance of your organisation

* 11. Nationality:

* 12. Full postal address:

Town/City:

Country of residence:

* 13. Email address:

* 14. How did you hear about the EPF Capacity Building Module on Empowering Leadership and Positive Governance? (Please tick all that apply):

- | | |
|--|--|
| <input type="checkbox"/> EPF Website | <input type="checkbox"/> Social media: Facebook |
| <input type="checkbox"/> EPF Newsletter or Weekly Insiders mailing | <input type="checkbox"/> Social media: Twitter |
| <input type="checkbox"/> EPF Members | <input type="checkbox"/> Through a friend, colleague, or professional contact |
| <input type="checkbox"/> EPF event (while attending a conference, workshop, etc.): | <input type="checkbox"/> Came across this Course while navigating the Internet |
| <input type="checkbox"/> Other (please specify) | |

3. Language

* 15. Please rate your English language skills. Please be reminded that applicants must have a working knowledge of the English language.

4. Motivation

* 16. Please tell us why you would like to participate in this capacity building module and tell us what would you like to learn and improve within you organisation. 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).

* 17. Please explain us your current duties in your organisation and highlight the ones that are related to governance/leadership in your organisation. Please limit your response to 1500 characters. (approximately 250 words).

18. 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, www.vimeo.com or www.streamable.com) and paste your link in the box below. [Please note that this is not compulsory but it will help the selection committee to better assess your application].

6. Applying Acquired Learning

* 19. Please explain how you intend to apply the learning acquired during the module within your organisation and share it with your members . We ask that you please limit your response to 3000 characters (approximately 500 words).

20. 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.

- * 21. 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 EPF Capacity Building Module on Empowering Leadership and Positive Governance.

8. Certification and Acknowledgements

* 22. 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)

9.0 End of the survey

Thank you very much for filling in your application. PRESS THE BUTTON DONE TO FINALISE YOUR APPLICATION!

Best of luck!