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 ($\underline{elena.balestra@eu-patient.eu}$).

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 preferibly 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 of 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 Committment
* 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
O 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
O No

General Informatio	n	
* 5. Title:		
* 6. First Name:		
7. Middle Name (if	fapplicable):	
* 8. Last name:		
* 9. Please indicate i	if you are:	
Employee or a volumember of EPF	unteer of a patient organisation	Board Member of a patient organisation member of EPF
Employee or a Volumember of a mem	unteer of a patient organisation ber of EPF	Board Member of a patient organisation member of a member of EPF
Employee or a Volnot affiliated with	unteer of a patient organisation EPF	Board Member of a patient organisation not affiliated with EPF
* 10. Please provide	s us with the following info	ormation:
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 add	ress:	
Town/City:		
Country of residence:		

Positive Governance? (Please tick all t EPF Website	Social media: Facebook
EPF Newsletter or Weekly Insiders mailing	Social media: Twitter
EPF Members	Through a friend, colleague, or professions
EPF event (while attending a conference,	contact
workshop, etc.):	Came across this Course while navigating Internet
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.wimeo.com or www.wimeo.com or <a href="www.youtube.com, www.wimeo.com or <a a="" href="www.youtube.com, <a href=" www.youtube.com<="">, <a href="www.youtube.com, <a href=" td="" www.y<="">

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).

Specif	c Requirements	5				
commondition	mmitted to equal date the specifies, and/or family , so they may parithin the abiliti	c needs of app circumstances articipate in an	licants with s that may h d successfu	disabilities, i ave an impac	nedical t on day-to-d	-
medica particip	ase describe any s l conditions, and/ loate in and succes ering Leadership	or family circum ssfully complete	stances that the EPF Capa	may have an in	npact on your	

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!