Dear EPF Member,

Thank you for taking the time to fill out our survey. It aims at ensuring the best possible communication between EPF and your organisation, to maximise the value we can provide to you, your members, and the European patient community. It will ensure that we can contact the right person for the relevant reason, guaranteeing that the EPF team can be there for its members in all circumstances.

With the following questions, we seek to gain better understanding of your organisation, members, and staff. We also enquire about different ways to contact you, depending on the targeted communications which the EPF Secretariat would engage in.

Please note that all information and contact details you provide us with, will be treated as strictly confidential.

As always, thank you for your support and collaboration,

The EPF Secretariat

Contacts		_	_		_	_	-
Uniacis							
. Please ent	er your full nam	ne					
. Please ent	er your email a	lddress					
* 3. Please	enter the EPF I	Member organ	isation you rep	resent			
* 4. Are you	the main Point	t of Contact for	r EPF within yo	ur organisat	on?		
Yes			-	C C			
O No							
If No. please	enter the name ar	nd email address (of your organisatio	n's Main Doint	of Contact		
. <u> </u>							
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Communication Contacts (responsible for website, newsletters, speaking opportunities, social
media)
* 6. Do you have a separate Point of Contact responsible for Communications?
○ Yes
No, I am the one responsible

* 7. What is the name of your Communications point(s) of contact (if more than one, please enter all names)?

* 8. What is the email address of your Communications point(s) of contact?

9. What is the phone number of your Communications point(s) of contact?

10. Please enter all social media addresses on which your organisation is active (Facebook page, Twitter, Instagram, LinkedIn, etc).

olicy contacts			Deliveri	
11. Do you have a se	eparate Point of Cont	act responsible fo	r Policy Issues?	
Yes				
No, I am the one res	ponsible			

* 12. What is the name of your Policy point(s) of contact (if there are different contacts for different policy areas, please enter all names)

* 13. What is the email address of your Policy point(s) of contact?

14. What is the phone number of your Policy point(s) of contact?

Administrative contacts (including finance, budgeting and fees)	
* 15. Do you have a separate Point of Contact responsible for Administration and Finance?	
No, I am the one responsible	

* 16. What is the name of your Admin point(s) of contact (if more than one, please enter all names)

* 17. What is the email address of your Admin point(s) of contact?

18. What is the phone number of your Admin point(s) of contact?

ojects	
19. Does your organisation have	a separate point of contact regarding potential project involvements?
Yes	
No, I am the one responsible	

* 20. What is the name of your Projects point(s) of contact (if more than one, please enter all names)

* 21. What is the email address of your Projects point(s) of contact?

22. What is the phone number of your Projects point(s) of contact?

23. Does your organisat	tion have separate	Youth Represent	ative Point of Conta	.ct?	
Yes					
No					

* 24. What is the name of your Youth Representative point(s) of contact (if more than one, please enter all names)

* 25. What is the email address of your Youth Representative point(s) of contact?

26. What is the phone number of your Youth Representative point(s) of contact?

All other contacts

* 27. Does your organisation have a separate department / point of contact for any other important activities, for which we have not asked you?

) Yes

) No

* 28. What is the name of this department / name and job title of that employee?

* 29. What is the email address?

30. What is the phone number?

Membership and Staff

	in your organisation				
How many st	aff members work fo	or your organisati	on?		
33 Do vou ha	ve volunteers engaç	aed in vour organ	hisation?		
Yes		ged in your organ			
No					
lf yes, how many	?				
-	ve a youth group wi	ithin your organis	ation?		
Yes					
No No					
If Yes, could you	please point us out to the	e webpage or send u	s any information on i	:?	

Final remarks	
	any further information that you believe is important for EPF to know, in order to be most efficien ing with your organisation and patient community?
O Yes	
O No	
If Yes, please ei	nter information here:
* 36. Do you a Yes	agree on being contacted if further clarifications are needed regarding this survey?
O No	
Thank you for partic with you and your p	cipating in our survey! Your thoughtful input is much appreciated and it leads to the improvement of our engagement patients.
	estions or concerns regarding the survey or your answers, please contact your EPF Membership and Governance
Officer, Desislava E	Ekzarova, at desislava.ekzarova@eu-patient.eu