## EPF Youth Group – Application Form

Thank you for your interest in joining the **EPF Youth Group**, through which you can make a difference by raising your voice as a young patient advocate in Europe. Please provide us with your background information as well as your motivation to join the Group. EPF will process the data submitted by candidates for the purposes of recruitment and selection, according to its *Privacy Policy*: <http://www.eu-patient.eu/About-EPF/epf-privacy-policy/>.

We will treat your data with the utmost care and take all appropriate steps to protect it.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name: | Family name: | | Gender: | * Male * Female * Non-binary * Other |
| Country of residence |  | | | |
| E-mail address |  | | | |
| Mobile phone number |  | | | |
| Postal address |  | | | |
| Date of birth (DD/MM/YYYY) |  | | | |
| You are a member of which patient organisation?[[1]](#footnote-1) Please describe your experience within the organisation (*150 words max.*) |  | | | |
| Your condition/chronic disease |  | | | |
| I am…  (more options are allowed) | * Student (please specify) * Working (please specify) | * Unemployed * Volunteer * Other (please specify below) | | |
| Please provide details about your answer to the previous question |  | | | |

Please explain the reason(s) why you want to join the EPF Youth Group (*max. 500 words*):

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| --- |
|  |

Please rate the following items from the most interesting (1) to the least (6):

* Policy-making/patient advocacy
* Developing and conducting projects
* Organising events
* Communication and coordination
* Research (literature review, internet research, etc.)
* Writing articles

Check the boxes below if the statements apply to you:

* I can communicate in English proficiently.

B2-C1-C2 (*Mark the option that applies to you*)

Indicate any other languages with the language and level (CEFR):

* I am available to participate to physical meetings at least twice a year and online meetings at least once a month, and to dedicate 1-3 hours per week to the Youth Group (*time may vary according to calm-busy periods*).
* I’m available to represent the EPF Youth Group at EPF and at external events.

I declare that the information I provide hereby is accurate and will inform the EPF Secretariat should there be any changes/updates.

Name:

Date:

Signature:

1. Please provide both the original name and the English name of the organisation. [↑](#footnote-ref-1)