# EPF CBP Training Module on Transparency

**Application form**

## Introduction

This training module aims at **reviewing transparency and ethics guidelines for patient organisations, through the exchange and building of good practices.** It will also be the opportunity to initiate a collective reflection within EPF on the ways for patient organisations to increase their credibility and strengthen their position on the public health scene. For more information on the contents and methodology of the training, please refer to the concept note, which is annexed to this application form.

## Instructions

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 application should be sent to Camille Bullot, Membership & Stakeholder Relations Manager ([camille.bullot@eu-patient.eu](mailto:camille.bullot@eu-patient.eu)) by **17 June 2016 COB.**

## Selection

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 training, preference will be given to organisations which comply with the Full membership criteria.
* **Profile of the nominated participant:** The organisations’ representative has responsibilities related to either: governance of their organisation or fundraising (as per job description or Terms of Reference if applicable).
* **Availability and commitment:** the organisation’s representative must be available for the proposed training date and committed to pursue and further develop the communication activity initiated during the training. The candidate will need to demonstrate how he/she intends to apply learning after the training.
* **The quality of the motivation letter**
* **Language requirement:** the organisation’s representative has a good knowledge of English (written and spoken).

## ELIGIBILITY CRITERIA

**Organisation:**

My organisation is a member of EPF;

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.

**Participant:**

I have been nominated as a candidate by my organisation;

I have a specific assigned role for governance/fundraising within the organisation;

I am available to attend the full programme (provisional date 19-21 September 2015) (Please note that EPF will cover the travel and accommodation costs);

Shall my application be retained, I commit to fulfil all requirements arising from my participation to the training programme;

I commit to applying learning and skills acquired in my organisation and to cascade the learnings of the module within my own organisation;

I have a good knowledge of English (written and spoken).

## Contact details

|  |  |
| --- | --- |
| **About you** | |
| Title |  |
| First name |  |
| Last name |  |
| Your email |  |
| Your telephone number |  |
| Your mobile |  |
| **About your organisation** | |
| Name of the organisation |  |
| Street |  |
| City |  |
| Postal Code |  |
| Country |  |
| General organisation’s email |  |
| Website |  |

## YOUR PROFILE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please indicate if you are:**  *(you may choose more than one)* | | Staff | Board member | | Volunteer (other than Board member) |
| **Current role in the organisation** (please indicate job title if applicable)**:** | |  | | | |
| **Current duties (general):** | |  | | | |
| **Current duties related to governance/fundraising in your organisation:** | |  | | | |
| **Total experience in the organisation**: | | months | | | |
| **Please rate your English language skills** | | | | | |
| **Reading** | **Writing** | | | **Speaking** | **Overall** |
| Native/advanced  Good  Intermediate  Basic  None | Native/advanced  Good  Intermediate  Basic  None | | | Native/advanced  Good  Intermediate  Basic  None | Native/advanced  Good  Intermediate  Basic  None |

## MOTIVATION LETTER

Please explain why your organisation would like to participate in this training.

|  |  |
| --- | --- |
| **Motivation to take part (max 500 words)** |  |
| **Expectations from attending the Training (max 500 words)** |  |
| **Please explain how you intend to apply the learning acquired during the training within your organisation and cascade it down to your members (max 500 words)** |  |

## MISCELLANEOUS INFORMATION

|  |  |
| --- | --- |
| **Do you have any special needs?** | Yes  No |
| **If Yes please describe:** |  |

## CERTIFICATION AND ACKNOWLEDGMENT

I hereby confirm that the information above is correct and accurate 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 renders my participation in the training liable to suspension.

     

(First name, last name) Date