

## Introduction

The Summer Training Course for Young Patients Advocates – Leadership Programme is an exciting and unique opportunity offering a tailored high-quality training to young patient advocates or representatives of young patient advocates who have the motivation to learn more about advocacy and maximise their leadership potentials in a real environment. Our vision for the Summer Training Course is to create a platform where young patient advocates would empower, inspire, and learn from each other on an annual basis.

The previous edition of the course focused on three topic areas: leadership, discrimination, and human rights from an advocacy perspective. Based on the feedback received from the trainees, EPF and lead trainers agreed each of the areas would be worth more time and dedication to allow participants to develop a fuller and more thorough understanding. Therefore, the 2018 edition, will have inclusion and non-discrimination as overarching themes. In this way, the training course outcomes will compliment the Youth Group's contributions and activities planned in the EPF 2018 Work Plan. Moreover, while the 2017 edition provided an overview of non-discrimination principles, the 2018 edition will look at concrete advocacy and communication actions to facilitate a meaningful impact on the societal and institutional levels.

The Training Course will be held in Vienna, Austria from Sunday 1 July (evening) through Wednesday 4 July (evening). Participants must be able to attend the entire Course programme.

Applications will be accepted until midnight on 1 March 2018. After 1 March, no late applications will be accepted or considered! All accepted applicants will be notified by 30 March 2018 at the latest.

If you have any additional questions or issues with your application, please contact EPF Secretariat members Valentina Strammiello ([valentina.strammiello@eu-patient.eu](mailto:valentina.strammiello@eu-patient.eu)) or Danielle Flores ([danielle.flores@eu-patient.eu](mailto:danielle.flores@eu-patient.eu)).

Good luck!

### Application Instructions

This form shall only be used by applicants for the Summer Training Course for Young Patients Advocates – Leadership Programme 2018. 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 1 March 2018, 23:59 Central European 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 computer!
- 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 40 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 end of March 2018.

#### WHO SHOULD APPLY?

Applicants must be either be a:

- Young Employee or volunteer of a patient organisation,
- Young Patient with a chronic and/or lifelong illness/condition who is affiliated with a patient organisation,
- Young Patient with a chronic and/or lifelong illness/condition who is not affiliated with a patient organisation,
- Alternatively, a family member/carer of a young patient with a chronic and/or lifelong illness/condition can attend the training if he/she accompanies a young advocate and is at the same time an active patient advocate.

- **Age Range:** 18 – 30 years of age
- **Country of residence:** Applications will be accepted from candidates living in the EU Members States and those countries who have either the official EU candidate or potential candidate country status, with [details available here](#).

**Other criteria:** Knowledge of public health, interest in developing leadership abilities and advocacy skills and 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 young peers, to becoming actively (if not already) involved in patients’ advocacy, and be part of larger patients’ movement**, after finishing the course.

**Time Commitment:** Applicants must be able to commit to actively participate in the online assessment occurring before the training course and to attend the training sessions for the full duration of 3 days. The dates of the training are Sunday July 1 (welcome dinner) through the afternoon/evening on Wednesday 4 July. Applicants must also commit to actively participate in the follow-up phase of the training, including the programme evaluation.

**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 Patient Advocacy
6. Applying acquired Learning
7. Specific Requirements
8. Certification and Acknowledgements

### 1. Declaration of Commitment

\* 1. I commit to take part in the application and assessment process, which is an integral part of this training course (to be conducted in the period between December 2017 and March 2018).

Yes

No

\* 2. I commit to attending the three (3) full days of the training session that will be held 1-4 July 2018.

Yes

No

\* 3. I commit to take an active role during the training follow-up phase (to be conducted in the period between July and October 2018) and I acknowledge that this will require engagement from my side, as agreed during the training course.

Yes

No

\* 4. I agree to be included in an EPF online platform and other activities in order to act as a patient advocate.

Yes

No

**\* 5. I commit to using and sharing the training knowledge and experience in other settings in my own country in an effort to represent and advance the young patient's voice and mobilise the patient movement.**

Yes

No

## General Information

\* 6. Title:

\* 7. First Name:

8. Middle Name (if applicable):

\* 9. Last name:

\* 10. Please indicate if you are:

- |   |  |
|---|--|
| <input type="checkbox"/> Employee of a patient organisation   | <input type="checkbox"/> Patient with a chronic and/or lifelong illness/condition who is not affiliated with a patient organisation  |
| <input type="checkbox"/> Volunteer of a patient organisation  | <input type="checkbox"/> Family member/carer (not affiliated with a patient organisation) of a patient with a chronic and/or lifelong illness/condition  |
| <input type="checkbox"/> Patient with a chronic and/or lifelong illness/condition who is affiliated with a patient organisation | <input type="checkbox"/> None of the above (I am not a patient or family member/carer of a patient nor am I involved in a patient organisation as either employee or volunteer). If this is the case, please be aware that you are not eligible for this Course! |

**11. If you are a staff member or volunteer of a patient organisation, 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  
take a leadership  
role:

**\* 12. Date of birth (day-month-year):**

**\* 13. Nationality:**

**\* 14. Full postal address:**

Street and number:

Town/City:

Postal code:

Country of  
residence:

**\* 15. Telephone number:**

Mobile:

Home phone (if  
applicable):



\* 16. Email address:

\* 17. How did you hear about the Summer Training Course? (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 CONNECT (EPF Social platform)                         | <input type="checkbox"/> Came across this Course while navigating the Internet |
| <input type="checkbox"/> EPF event (while attending a conference, workshop, etc.): | <input type="checkbox"/> Other   |

### 3. Language

\* 18. Which languages are you fluent in?

\* 19. What is your mother tongue or native language? Please only select one:

\* 20. Please rate your English language **READING** skills, using the definitions provided on page 2 (Application Instructions) as a reference. Please be reminded that applicants must have a working knowledge of the English language (at least at an upper intermediate level or B2 Common European Framework of Reference for Languages (CEFR)).

C2 Advanced

A2 Elementary

C1 Very Good

A1 Basic

B2 Upper intermediate

None

B1 Lower Intermediate

\* 21. Please rate your English language **WRITING** skills, using the definitions provided on page 2 (Application Instructions) as a reference. Please be reminded that applicants must have a working knowledge of the English language (at least at an upper intermediate level or B2 Common European Framework of Reference for Languages (CEFR)).

C2 Advanced

A2 Elementary

C1 Very Good

A1 Basic

B2 Upper intermediate

None

B1 Lower Intermediate

\* 22. Please rate your English language **SPEAKING** skills, using the definitions provided on page 2 (Application Instructions) as a reference. Please be reminded that applicants must have a working knowledge of the English language (at least at an upper intermediate level or B2 Common European Framework of Reference for Languages (CEFR)).

C2 Advanced

A2 Elementary

C1 Very Good

A1 Basic

B2 Upper intermediate

None

B1 Lower Intermediate

### 4. Motivation

\* 23. Please tell us about how you see yourself in the role of a young patient advocacy leader and describe your reasons for wanting to take part in this course. 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).

### 5. Knowledge and Experience in Patient Advocacy

In this section, we would like to understand your experience and knowledge in patient advocacy, including your strengths and any areas of knowledge that you would like to develop further.

**\* 24. What is the highest education level you attained?**

- |   |   |
|---|---|
| <input type="radio"/> Primary education         | <input type="radio"/> Tertiary education – university-level, academic and vocational education      |
| <input type="radio"/> Lower secondary education | <input type="radio"/> Post tertiary education – further university-level studies (master’s and PhD) |
| <input type="radio"/> Upper secondary education |   |

**\* 25. What is the main subject area you have studied?**

**\* 26. If it was not part of your schooling or studies, have you previously participated in training in public health and/or health care?**

- Yes  
 No

**\* 27. If it was not part of your schooling or studies, have you previously participated in training in public policy and/or advocacy?**

- Yes  
 No

**\* 28. Please rate your patient advocacy experience and knowledge :**

- Advanced - I have done extensive advocacy work (position papers, representing a patient view in advocacy meetings or consultations, etc.)
- Good - I have a good knowledge about some patients issues; I feel confident about advocating on some patients issues and do that on a regular basis
- Intermediate - I have sometimes received information and had an opportunity to engage in patients' advocacy on some issues in broad terms
- Basic - I understand what the patients' advocacy is about, but I have rarely interacted in consultations, committees, working groups and other advocacy work; I have mainly received information
- None - No knowledge or patients' advocacy experience

**\* 29. Please describe any specific topic or area where you would you like to further develop your knowledge and skills in relation to patient advocacy. Please limit your response to 1500 characters (approximately 250 words).**

### 6. Applying Acquired Learning

\* 30. Please describe how you intend to apply the knowledge and skills you will acquire during the course into your daily life. Describe what you would like your unique contribution to be to: i) your organisation ii) specific advocacy initiatives and/or iii) the larger patient community. Your small project may be presented during the next training in 2019. We ask that you please limit your response to 3000 characters (approximately 500 words).

\* 31. Please describe the local and national networks and/or organisations you are part of that have current priorities around increasing knowledge of patients' rights and how your connections will enable you to share and amplify the knowledge and messages from this training. Please limit your response to 1500 characters (approximately 250 words).

32. 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.

- \* 33. 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 Summer Training Course for Young Patient Advocates, whether in respect of the assessment, the training sessions taking place in Vienna, or in the follow-up phase in your own country.



### 8. Certification and Acknowledgements

\* 34. 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)