APPLICATION FORM

EATRIS-Plus Patient Advisory Committee

June 2020

1. Introduction

Before completing this application document, make sure you have carefully read the Call for Expressions of Interest. This will help you to prepare your answers and the required information/ documents.

**Please send your completed application form with your supporting documents to** [**EATRISPLUS@eu-patient.eu**](mailto:EATRISPLUS@eu-patient.eu)

\* Questions marked with an asterisk (\*) are required

1. General Information

|  |  |
| --- | --- |
| **First name\*** |  |
| **Family name\*** |  |
| **Date of birth\*** |  |
| **Job title, position\*** |  |
| **Organisation\*** |  |
| **Email address\*** |  |
| **Address (street, post code, city)\*** |  |
| **Country of residence\*** |  |
| **Country of nationality\*** |  |
| **Diseases/ interest in disease-specific advocacy\*** |  |
| **Gender\*** |  |
| **English level (proficient, intermediate, beginner)\*** |  |
| **Other languages** |  |

\*As a Patient Advisory Committee member, what category applies to your situation? Please answer by checking the box

|  |  |
| --- | --- |
| **Employee or volunteer of a patient organisation** |  |
| **Patient with chronic and/or lifelong illness/condition** |  |
| **Family member/ carer of a patient with a chronic and/or lifelong illness/condition** |  |
| **Other** |  |

\*One of the key requirements for this position is to have Communications, Advocacy, or Training experience, or alternatively, experience working with healthcare providers. Please indicate your situation by ticking the option below:

|  |  |
| --- | --- |
| **Communications** |  |
| **Advocacy** |  |
| **Training** |  |
| **Working with healthcare providers** |  |

1. Questions

\*Please describe your motivation for applying –

|  |
| --- |
| *Insert your answer here* |

\*Please describe your experience in Communications, Advocacy, Training, or working with healthcare providers –

|  |
| --- |
| *Insert your answer here* |

1. Confirmation

\*Do you acknowledge that, if you are selected, your participation will depend on the EATRIS-Plus activities topics, dates and relevance?

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

\*Do you acknowledge that, if you are selected, you will participate in the four yearly meetings, the Annual General meetings, and will contribute to the development of the patient involvement toolkit for translational researchers. Do you agree to be consulted on key deliverables of this project?

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

\*Are you able to attend the first meeting of the Patient Advisory Committee in November of this year?

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

1. Your CV

\*Please attach to your CV to your application (max 2 pages, PDF or MS Word). You may also attach any supporting documents attesting knowledge in the required sector. If you are attaching additional documents, please combine all files into one document.

1. Declaration of interest & affirmation of compliance

Conflicts of interest may arise when an individual's personal, business, occupational or professional interests or loyalties conflict with the interests of the EATRIS-Plus project. A conflict of interest occurs when, in the course of their EATRIS-Plus activities, contributors are privy to EATRIS-Plus decisions or documents that provide opportunities to obtain personal, business, economic, occupational or professional benefits for themselves and/or third parties.

EATRIS-Plus is a public-private partnership project involving patients, pharmaceutical industry, academia and NGOs. Therefore, this project is based on transparency. Declaration and management of potential conflicts of interest are of major importance.

\*Please indicate whether your status:

|  |  |
| --- | --- |
|  | No, I have no actual, potential, real or apparent conflict of interest to declare |
|  | Yes, I have actual, potential, real or apparent interest to declare. **Please complete the next question.** |

If you have answered ‘yes’ to the previous question, please complete this section:

I, the undersigned, hereby declare the following interests (including previous and current interests) (e.g. affiliations, board membership, consultancy, employment, expert testimony, grants/grants pending, patents, royalties, other educational initiatives, stock/equity).

|  |
| --- |
| *Insert your answer here* |

I have carefully read the EATRIS-Plus project's objectives in the Call for Expressions of Interest and have considered not only the literal expression of the policy, but also its intent. By signing this affirmation of compliance, I hereby affirm that I understand and agree to comply with the policy.   
  
Unless otherwise indicated in the Disclosure Statement, I hereby state that I do not have any conflict of interest, financial or otherwise that may be seen as competing with the interests of EATRIS-Plus.   
  
If any situation should arise in the future that I think may involve me in a conflict of interest, I will promptly and fully disclose in writing the circumstances to the coordinator of EATRIS-Plus project.   
  
I further certify that the information set forth in the Disclosure Statement is true and correct to the best of my knowledge, information and belief.

\* I agree and sign the declaration of interest by checking the box below.

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

1. Protection of personal data

EPF will process the data submitted by candidates for the purposes of 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.

1. Signature (e-signature)

I declare on my word of honour that the information provided above is true and complete. I understand that any misrepresentation in supplying this information may lead to my exclusion from the present call.

**Done at (place):**

**Date (DD/MM/YY):**

**Name/Signature:**