

About the Course

***Welcome to the Summer Training Course for Young Patients Advocates' application form.
Please read the information below before starting the application process.***

The Training Course:

STYPA 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.

Who should apply?

Applicants must be:

- Young Patient with a chronic and/or lifelong illness/condition who is not affiliated with a patient organisation,
- Young Patient with a chronic and/or lifelong illness/condition who is affiliated with a patient organisation,
- Young Employee or volunteer of 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,
- 18 – 30 years of age at the time of applying,
- Living in Europe.

Language:

Please, note that the entire training will be taking place in English. To successfully take part in this training course, you must have a working knowledge of English.

Overview of STYPA:

[Click here](#) to find out more useful information about the training course like, what are the different phases of the course and when do they take place.

Contacts:

If you have any additional questions or issues with your application, please contact EPF Secretariat member Borislava Ananieva at borislava.ananieva@eu-patient.eu

Best of luck!

Before starting your application form, please be sure to note the following:

- Please answer each question in full. Incomplete applications and/or applications received after the deadline of **18 April 2021, 23:59 Central European Time** are not valid and will not be reviewed by the Training 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. [Here](#) you can find a pdf version of the application where you could see all the questions. You will be able to go back and finish your application in more than one session as long as you use the same computer!
- EPF will use the information you give us to assess your application. You can view EPF's privacy policy [here](#).
- Places for the course are limited. You will be notified for the results, by 30 April 2021.

How will your data be used?

If you are selected for this course EPF will share your application details with People Dialogue and Change, who facilitate the course on EPF'S behalf. People Dialogue and Change will use the information you have given us to enable you to participate in the training course. For instance they will use your email and phone number to send you details of the online events and activities in the programme. Your contact details and recordings of you in webinars may also be shared with other participants to enable collaboration. You can view People Dialogue and Changes Privacy Policy [here](#).

Both EPF and People Dialogue and Change (PDC) may retain successfully selected applicants details to invite them to participate in further EPF projects.



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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 Patience Advocacy
6. Specific Requirements
7. Certification and Acknowledgements

1. Declaration of Commitment

* 1. I commit to take part in the full online training course (starting in May 2021 and ending in October 2021) and I acknowledge this will require engagement from my side, including attending monthly webinars, completing online tasks and working on my personal advocacy project.

Yes

No

* 2. If I get accepted, I agree that pictures and videos in which I may appear, taken throughout the course can be shared publicly, with the intent of promotion of the training course. I understand I will be informed in advance if videos for public use are being recorded.

Yes

No

* 3. I confirm that I have access to a computer or tablet that is connected to the internet and capable of video chat, which I can use to take part in the STYPA programme.

Yes

No

General Information

* 4. First Name:

5. Middle Name (if applicable):

* 6. Last name:

* 7. Please indicate if you are:

- | | |
|---|--|
| <input type="checkbox"/> Employee of a patient organisation | <input type="checkbox"/> Family member/carer of a patient with a chronic and/or lifelong illness/condition not affiliated with a patient organisation |
| <input type="checkbox"/> Volunteer of a patient organisation | <input type="checkbox"/> Family member/carer of a patient with a chronic and/or lifelong illness/condition affiliated with a patient organisation |
| <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! |
| <input type="checkbox"/> Patient with a chronic and/or lifelong illness/condition who is not affiliated with a patient organisation | |

* 8. Please indicate the chronic and/or lifelong illness/condition you are representing?

9. 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:

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

* 11. Nationality:

* 12. Country of residence:

* 13. Full postal address:

Street and number:

Town/City:

Postal code:

Country of residence:

* 14. Mobile phone number:

:

* 15. Email address:

* 16. How did you hear about the Summer Training Course?

(Please tick all that apply):

EPF Website

EPF event (while attending a conference, workshop, etc.):

EPF Newsletter or Weekly Insiders

Social media

EPF Members

Through a friend, colleague, or professional contact



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3. Language

* 17. Please rate your English language **READING, WRITING AND SPEAKING** skills. 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

* 18. Please answer the questions below either in a motivational letter or in a short video. If you wish to write a letter, please limit your response to 3000 characters (approximately 500 words) and if you wish to record a video, please limit it to 2min maximum, addressing the same questions. To upload your video, please use one of the following video platforms (www.youtube.com, www.vimeo.com or www.streamable.com) and paste your link in the box below.

Here are the questions you need to address:

- How do you see yourself in the role of a young patient advocacy leader?
- Why do you want to take part in this training course?
- How do you intend to apply the skills and knowledge you will acquire during this training course?

*Please, note that you can submit either a motivational letter or a video. The video is not compulsory, but it will help the selection committee to better assess your application.

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.

* 19. 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

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



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6. Specific Requirements

* 21. 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. Please, describe if you have any specific needs.



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7. Certification and Acknowledgements

* 22. 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)

Don't forget to **click the "Submit" button below** in order to successfully submit your application!

Should you have any questions, comments or concerns, feel free to contact EPF Secretariat member Borislava Ananieva at borislava.ananieva@eu-patient.eu

Best of luck!