



**Patient Representative Fellowship Application Form  
EURORDIS Membership Meeting Bucharest  
EMM 2019**

Please return this application form by e-mail to [anja.helm@eurordis.org](mailto:anja.helm@eurordis.org) before 15 March 2019

**1. Your contact details**

Last name		First name	
e-mail		Telephone	
City		Country	

**2. Your organisation**

Name:

Member of Eurordis? ( ) Yes ( ) No

Disease(s) represented:

Country		Website	
Date of creation		Revenues 2018	
Nbr of members		Nbr of staff/volunteers	

**3. Your profile**

Are you? <i>Please tick</i>	Patient	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>
	Parent of patient	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Do you need to be accompanied by an enabler?		Yes ( )	No ( )	
If yes, please explain for which disability				
How long have you been active in the organisation?				
Do you represent your organisation in any National/ European Committee/Task Force/ Working Group? <i>Please specify</i>				
Are you already involved in EURORDIS activities as a volunteer ( <i>for example ePAG Advocate</i> )				

---

What is your educational/professional background? (5 lines max.)

---

**4. Your role in the patient organisation - Please explain**

---

**6. Please explain why you want to attend the Meeting?**

---

**6. English language skills:**

Poor ( ) Average ( ) Good ( ) Excellent ( )

---

**7. As one of the selected participants, I agree to:**

Share my knowledge & experience with the patient organisation I represent

Be included in EURORDIS list of potential volunteers to act as a rare disease patient representative

Name:

Date: