



---

# Application Form - Patient Expert for PARADIGM

---

November 2018

# Contents

- 1 General Information .....3
- 2 Motivation ..... 4
- 3 Qualifications .....5
- 4 Confirmation .....7
- 5 Protection of Personal Data .....7
- 6 Declaration .....7
- 7 Application documents.....7

# 1 General Information

Questions with an asterisk (\*) are required.

<b>First name*</b>	
<b>Family name*</b>	
<b>Job title / Position*</b>	
<b>Email address*</b>	
<b>Address (street, postal code, city)</b>	
<b>Country of Nationality*</b>	
<b>Diseases/Interest in disease-specific advocacy</b>	
<b>Gender*</b>	
<b>English level*</b>	
<b>Other languages</b>	

As a Patient Expert (affiliated or not to a patient organisation) which category applies to your situation\*?  
Please answer by adding a 'Yes' in following table.

<b>Volunteer of a patient organisation or employee (representing an organisation)</b>	
<b>Patient living with a rare disease</b>	
<b>Family member/carer of a patient living with a rare disease</b>	

## 2 Motivation

**2.a. Please describe your individual motivation for applying. You can answer the following questions to support your answer. \* – 40% of total score**

*What are your objectives or goals in participating in the PARADIGM workshops? What do you expect to gain from the workshops? How does your personal and/or professional experience prepare you for the workshops? How will your patient community or the disease you represent benefit from your participation in these activities?*

## 3 Qualifications

3.a. Please describe your experience related to the IMI-PARADIGM workshop topics. You can describe in key words major areas of general competencies that you consider you could bring to the project. Please include any course that you took related to this Call.\* – 40% of total score

3.b. Indicate briefly your experience in interacting with other stakeholders active in the R&D process of medicines and that could be related to the IMI-PARADIGM project. \* – 20% of total score

## 4 Confirmation

Can you confirm that you are available to participate in the IMI-PARADIGM activities?\*

YES  NO

## 5 Protection of Personal Data

EURORDIS will process the data submitted by candidates for the purposes of selection. Data will be treated with the utmost care and all appropriate steps to protect it will be taken.

## 6 Declaration

I declare on my honour that, to the best of my knowledge, 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) \_\_\_\_\_ on (date) \_\_\_\_\_

**SIGNATURE:**

## 7 Application documents

Applicants to the pool should submit the following documents:

- Completed Application form
- Curriculum Vitae
- Any available supporting documents attesting knowledge in the required topic

Document applications must be sent to Maria Cavaller ([maria.cavaller@eurordis.org](mailto:maria.cavaller@eurordis.org))

**Closing Date for acceptance of application is: 28/12/2018**



## **EURORDIS-RARE DISEASES EUROPE**

Plateforme Maladies Rares ♦ 96 rue Didot  
75014 Paris ♦ France

## **EURORDIS Brussels Office**

Fondation Universitaire ♦ Rue d'Egmont 11  
1000 Brussels ♦ Belgium

## **EURORDIS Barcelona Office**

Recinte Modernista Sant Pau ♦ Pavelló de Santa Apol·lònia  
Carrer de Sant Antoni M<sup>a</sup> Claret 167 ♦ 08025 Barcelona ♦  
Spain

**EURORDIS.ORG**

This paper was produced thanks to funding received under an operating grant from the European Union's Health Programme (2014-2020).



Co-funded by  
the Health Programme  
of the European Union

