



Application Form

E-PAG elections

EURORDIS Patient Advocacy Groups (E-PAGs)

Please indicate the E-PAG¹ that you wish to candidate for (please see [rare disease groupings](#))

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I. Your contact details

Last name		First name	
Email		Telephone	
City		Country	

II. Your Patient Organisation

Name: _____

Member of EURORDIS? Yes No

Disease(s) represented: _____

Primary ERN Group: _____

Country		Website	
No. of members		No. of staff/volunteers	

III. 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"/>

English language skills:

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

¹ E-PAGs related to the specific ERNs as aligned with their rare disease groupings
E-PAG election application form (March 2016)

IV. Please write a short supporting statement (this text will be posted on the election website) 250 words max.

V Mandate from your patient organisation to support your application

I am pleased to inform you that our organisation would like to apply for a seat as an E-PAG representative. We are therefore nominating a representative as a candidate for the E-PAG elections.

Legal representative's signature

Please return this application form by e-mail to lenja.wiehe@eurordis.org before March 22, 2016

Validated applications will be posted on an online voting platform, open to all patient organisations belonging to the relevant ERN group. Your contact details will not be shared with others

[] I agree to have my name , patient organisation name and short bio posted online, from March 24 to March 31, while the election of E-PAG representatives takes place

Date

Signature.....