# EPF CBP Training Module on Empowering Leadership and Positive Governance

**Application form**

## Introduction

This capacity-building module aims at strengthening patient organisations leaders’ **empowering leadership** and **positive governance.**

Thanks to this module you will:

* Improve your leadership skills;
* Learn and use tools to support organisations’ leaders in setting strategic priorities and planning for their NGO in a constantly changing environment;
* Explore the different but complimentary roles of the Board of Directors of and of the Executive staff and/or volunteers to foster positive governance in your organisation;
* Strengthen the ability to develop and maintain collaborative and influential relationships with several stakeholders in the national and European healthcare area (ex. government, policy makers etc.);
* Learn how to develop an efficient and easy to implement internal and external communications flow to boost your organisation external visibility and internal coherence;
* Access to a network of peers that will enable you to the exchange and create fruitful connections;

## how to fill this form

Please answer each question in full, providing as detailed answers as possible. If a question does not apply, please indicate so by inserting “N/A” in the corresponding question box. Incomplete applications and/or applications received after the deadline will not be considered.

The application should be sent to Elena Balestra, Membership & Capacity Building Officer (elena.balestra@eu-patient.eu) by **15 March 2018.**

## eligibility criteria

The selection of participants will be carried out by EPF according to an assessment of the following criteria:

* **Compliance with eligibility criteria.** In case the number of applications is higher than the available places for this module, preference will be given to organisations which comply with EPF Full membership criteria;
* **Profile of the nominated participant:** The organisations’ representative has a leading role in the organisation and can influence its governance (as per job description or Terms of Reference if applicable);
* **Availability and commitment:** the organisation’s representative must be available for the proposed trainings dates and committed to pursue and further develop the activities initiated during the training. The candidate will need to demonstrate how he/she intends to apply learning in her/his organisation.
* **The quality of the motivation application form;**
* **Language requirement:** the organisation’s representative has a good knowledge of English (written and spoken).

## ELIGIBILITY CRITERIA

**Organisation:**

[ ]  My organisation is a member of EPF;

[ ]  My organisation is member of a member of EPF;

[ ]  My organisation is not a member of EPF neither of one of its member;

[ ]  My organisation is a legally registered association/NGO working for the direct benefit of targeted, disease-specific population in a specific geographical scope;

[ ]  My organisation commits to comply with the highest standards of transparency and accountability. My organisation will ensure that learning, outputs, and outcomes of this training programme are effectively upheld by the governing body of the organisation.

**Participant:**

[ ]  I have been nominated as a candidate by my organisation;

[ ]  I have a specific assigned role for leadership / governance within the organisation;

[ ]  I am available to attend the full programme:

* + Online kick-off meeting (2 hours online webinar in April 2018);
	+ 2 trainings of 2 full days (provisional date May- September 2018 in two different EU countries)

**Please note that EPF will cover the travel and accommodation costs according to EPF Travel policy (link);**

* + Online coaching phase- several online skype calls with the trainers and EPF staff between May and October 2018;

[ ]  I have a good command of the computer programmes Skype, Word and Excel;

[ ]  Shall my application be retained, I commit to fulfil all requirements arising from my participation to the capacity building module;

[ ]  I commit to applying learning and skills acquired in my organisation and to apply the learnings of the module within my own organisation;

[ ]  I have a good knowledge of English (written and spoken).

## Contact details

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| --- |
| **About you** |
| Title |       |
| First name |       |
| Last name |       |
| Your email |       |
| Your telephone number |       |
| Your mobile |       |
| **About your organisation** |
| Name of the organisation |       |
| Street |       |
| City |       |
| Postal Code |       |
| Country |       |
| General organisation’s email |       |
| Website |       |

## YOUR PROFILE

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate if you are:***(you may choose more than one)* | [ ]  Staff | [ ]  Board member | [ ]  Volunteer (other than Board member) |
| **Current role in the organisation** (please indicate job title if applicable)**:**  |       |
|  **Current duties (general):** |       |
| **Current duties related to governance/leadership in your organisation:** |       |
| **Total experience in the organisation**: |  months |
| **Please rate your English language skills** |
| **Reading** | **Writing** | **Speaking** | **Overall** |
| [ ] Native/advanced[ ]  Good[ ]  Intermediate[ ]  Basic[ ]  None | [ ]  Native/advanced[ ]  Good[ ]  Intermediate[ ]  Basic[ ]  None | [ ]  Native/advanced[ ]  Good[ ]  Intermediate[ ]  Basic[ ]  None | [ ]  Native/advanced[ ]  Good[ ]  Intermediate[ ]  Basic[ ]  None |

## MOTIVATION LETTER

Please explain why your organisation would like to participate in this training.

|  |  |
| --- | --- |
| **Motivation to take part (max 500 words)**  |        |
| **Expectations from attending the capacity building module (max 500 words)** |        |
| **Please explain how you intend to apply the learning acquired during the module within your organisation and share it with your members (max 500 words)** |        |

## MISCELLANEOUS INFORMATION

|  |  |
| --- | --- |
| **Do you have any special needs?**  | [ ]  Yes [ ]  No  |
| **If yes, please describe:** |  |

## CERTIFICATION AND ACKNOWLEDGMENT

I hereby confirm that the information above is correct and accurate 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 renders my participation in the training liable to suspension.

(First name, last name) Date