

About the Course

Welcome to the EPF Skills Training for Young Patients Advocates (STYPA) application form.
Please read the information below before starting the application process.

The Course:

STYPA is an exciting and unique opportunity offering a tailored high-quality course for young patients or representatives of young patients, providing the space to dive deeper into the important topic of Digital Health and AI. The Skills Training 2025 aims to:

- Enhance awareness of the transformative potential of digital health and AI in healthcare, particularly for patients with chronic conditions, and their impact on patient experiences and outcomes.
- Foster understanding of ethical and social challenges associated with digital health and data use, including equity, transparency, privacy, and inclusivity.
- Equip young patient advocates with practical knowledge on data governance, digital health tools, and AI applications to enable responsible advocacy for patient-centered innovation.
- Empower participants to promote equitable and inclusive healthcare systems that leverage digital advancements while safeguarding patient rights and addressing potential risks.
- Engage participants in EPF campaigns and initiatives advocating for ethical and sustainable digital health policies, enabling them to lead efforts in their own countries and communities.

By achieving these objectives, the training will empower young patient leaders to take an active role in shaping a future healthcare landscape that is innovative, ethical, and centered around patient needs.

When and where?

Introduction webinar - June 2025;

The face-to-face meeting of STYPA will be held **on 3, 4, 5 and 6 July 2025**, in **Brussels, Belgium**;

Follow up workshop webinars - August and September 2025;

Closing webinar - October 2025.

**Please, note that EPF will cover travel and accommodation for all accepted participants in the course.*

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,
- 18 - 30 years of age at the time of applying,
- Living in Europe.

Language:

Please, note that the entire training will be 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.

Contacts:

If you have any additional questions or issues with your application, please contact EPF Staff at stypa@eu-patient.eu.

Best of luck!

Application Instructions

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 **16th March 2025, 23:59 Central European Time** are not valid and will not be reviewed by the Training 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. 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 provide 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 end of May 2025.

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.

Application Structure

The application form contains the following sections. Please make sure that you complete all parts of this form.

1. About the Course
2. Application Instructions
3. Application Structure
4. Declaration of Commitment
5. Applicant's General Information
6. Logistic Information Should You Get Accepted to the Course
7. Language
8. Motivation
9. Other Specific Requirements
10. Terms and Conditions
11. Certification and Acknowledgements

Declaration of Commitment

* 1. I commit to take part in the full training course (starting in June 2025 and ending in October 2025 and I acknowledge this will require engagement from my side, including:

- Attending the introduction webinar in June 2025 (online),
- Attending the face-to-face event on 3, 4, 5 and 6 July 2025 (in person, in Brussels, Belgium),
- Attending workshop webinars in September and October 2025 (online),
- Attending the closing webinar in November 2025 (online).

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"/> Patient with a chronic and/or lifelong illness/condition who is not affiliated with a patient organisation |
| <input type="checkbox"/> Volunteer of a patient organisation | <input type="checkbox"/> None of the above (I am not 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 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. Mobile phone number:

:

* 14. Email address:

* 15. Confirm email address:

Logistic Information Should You Get Accepted to the Course

* 16. Please provide your full name as written in your passport or ID below:

* 17. What will be your city and country of departure, going to Brussels, Belgium for the face-to-face event, should you get accepted to participate in STYPA 2025?

* 18. What is your preferred international airport from the city of departure?

* 19. How long does it take you to reach the chosen airport and by which means of transportation?

* 20. What size T-shirt do you wear?

- | | |
|--|----------------------------|
| <input type="radio"/> XS | <input type="radio"/> XL |
| <input type="radio"/> S | <input type="radio"/> XXL |
| <input type="radio"/> M | <input type="radio"/> XXXL |
| <input type="radio"/> L | <input type="radio"/> 4XI |
| <input type="radio"/> Other (please specify) | |

* 21. Would you need a personal assistant to accompany you to the face-to-face event in Brussels? (This question is necessary to ensure we can accommodate everybody accordingly)

- Yes
- No
- Other (please specify)

* 22. Do you have any specific requirements for your condition, that we need to take into account regarding your potential accommodation (fridge for medications, wheelchair accessible room etc.)?

- None
- Mobility issues
- Regular wheelchair user
- Other (please specify)
- Electric wheelchair user
- Need of an accessible hotel room
- Visually impaired

* 23. Please let us of any dietary requirements you have:

- None
- Gluten Free
- Dairy Free
- Seafood Free
- Other (please specify)
- Nut Free
- Vegetarian
- Vegan

* 24. Name of a contact person in case of an emergency:

* 25. Relation with your contact person (e.g. partner, parent, carer...)

* 26. Mobile phone number of the contact person (with the International Dialing Prefixes - e.g. +32 2 280 2334):

* 27. By completing and sending this form, I agree to comply to the EPF travel policy.

- Yes
- No

Language

* 28. 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)).

- | | |
|---|-------------------------------------|
| <input type="radio"/> C2 Advanced | <input type="radio"/> A2 Elementary |
| <input type="radio"/> C1 Very Good | <input type="radio"/> A1 Basic |
| <input type="radio"/> B2 Upper intermediate | <input type="radio"/> None |
| <input type="radio"/> B1 Lower Intermediate | |

Motivation

* 29. 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:

- Why do you want to take part in this training course?
- Why are you interested in the topic of Digital Health and AI?

*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.

Other Specific Requirements

* 30. 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.

Terms and Conditions

By clicking "Accept" at the end of this page, the Applicant agrees to the Terms and Conditions of EPF and this course.

You can find the EPF Privacy Policy [here](#) and you can find the Terms and Conditions document [here](#).

Certification and Acknowledgements

* 31. 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 of application
submission (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 Staff at stypa@eu-patient.eu.

Best of luck!