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# ADVOCACY COMMITEE

# application form 2017

## Your own contact details

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | First name |  |
| e-mail |  | Telephone |  |
| Address |  | Postal code |  |
| City |  | Country |  |
| Your organisation | | | |
| Name of the organisation: | | | |
| Disease(s) represented: | | | |
| e-mail |  | Website |  |
| Telephone |  | Fax |  |
| Address |  | Postal code |  |
| City |  | Country |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Yes |  | | No |  |  You, your role in the patient organisation françois houÿez DITA task force  Have you received the endorsement of your Member Organisation to apply for this Committee?  *The organisation you belong to has to be a Member of RDI and can nominate more than one person. To check if your organisation is currently a member of RDI go to:*  [*http://www.rarediseasesinternational.org/members-list/*](http://www.rarediseasesinternational.org/members-list/) | | | | |
| Are you?  *Please tick* | Patient |  | Staff |  |
| Parent |  | Volunteer |  |
| How long have you been active in the organisation? | |  | | |
| What is your professional background? | |  | | |
| Which languages do you know? | |  | | |
| Your experience/knowledge | | | | |
| Please describe the type of Advocacy and/or Policy activities you have been involved in, as part of your current organisation or in another context (i.e. advocating for a national plan for rare diseases in your country, drafting policy recommendations for your disease, representing patients at the Ministry of Health or Social Affairs, etc)  Don’t forget to highlight any relevant experience with the United Nations system or other international bodies. | | | | |

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| Your motivation |
| Please describe in a few words why you would like to join the Advocacy and Policy Standing Committee of Rare Diseases International |

*Please fill out this questionnaire and send it back to paloma.tejada@eurordis.org*