

Application Form

The purpose of the Youth Fellowship Programme is to:

1. Encourage active engagement within our community & across borders
2. Focus your cross-border attention and efforts towards a concrete and useful communal goal
3. Allow you & your peers to develop an own area of work or pick up one proposed by the EHC that you are passionate about

Please complete the below application in as much detail as possible. Should you have any questions relating to the application or the application process please contact Fiona Brennan

(Fiona.brennan@ehc.eu) +353879361621

Name:	Affiliated Patient Organisation:
Personal Telephone:	Email Address:
Skype Address:	Country of Residence:
Are you a student / working full-time etc:	Ability & willingness to travel if required:

1. **In order for us to understand your level of interaction within the bleeding disorders community, please detail your current level of involvement in your patient organisation?**

2. **Please detail your level of involvement with the EHC (what events / trainings have you attended etc)?**

3. **Do you have any relevant experience with completing a project work (this may be through work / school / college experience)? This is not a requirement, but may help in planning our support to you.**

4. **Why is this project important to you?**

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Project Details:

As the project is very much in its infancy at the application stage, we do not require an exceptionally detailed proposal but please do give as much information as possible. Should your application be successful we will require a more detailed project proposal at that stage.

Title of proposed project	
Please provide a brief summary of the project (please include the concept, objectives and duties involved in the project)	
Please provide a suggested plan of how the project could be carried out (this may include – suggested roles for members of the project team, proposed methodology, estimated timeline of project etc)	
Estimated budget Proposed Team Members:	

It is imperative to the EHC that we continue to have the full support of our patient organisations and indeed we seek to only compliment the work already being carried out in your country by the patient organisation. Therefore, it is a requirement that project teams inform their patient organisation of their intent to be involved in the Youth Fellowship Programme.

Approval of Patient Organisation? Yes No

****For completion by the Patient Organisation – if you approve of the involvement of your member in the EHC Youth Fellowship Programme, please sign below.***

On behalf of (insert patient organisation name here): _____

Approved & Signed: _____

Date: _____