DIA 28th Annual **EuroMeeting**

6-8 April 2016 | ID#16101 CCH Congress Center Hamburg, Germany



INnovation • Do You Win by Being IN?

DIA Patient Fellowship Programme

About the Programme

The DIA Patient Fellowship Programme is designed to:

- Develop, strengthen, and support patient collaborations with policy makers, industry representatives, public health authorities, academia, and other healthcare stakeholders.
- Improve alliances between patient groups and other healthcare stakeholders
- Increase knowledge and understanding of issues central to the promotion of patient-centred healthcare, biomedical research, and drug development
- Provide a forum for sharing best practices, stimulating cooperation, and facilitating a two-way dialogue across the entire global healthcare community.
- Enhance the capacity of patient advocates to respond to changes in drug development and health care delivery
- Integrate the patient voice by attending Annual Meeting program offerings, roundtable discussions, and networking events.

Successful applicants are expected to:

- · Attend all days of the conference
- Participate in Patient Fellowship activities before and during the conference, including:
 - Representing patient advocacy at the patient booth
- Submit a poster/informational materials representing their disease area/association for display at the conference/ patient advocacy as a part of medicine development
- · Provide feedback afterwards on their experience
- Following the conference, contribute to DIA in the following ways:
 - Contribute to an article for a DIA publication
 - Submit an abstract to speak at a workshop or DIA event

Who should apply?

- Applicant should be affiliated with a patient organisation
- Have a demonstrated track record of education and/or advocacy activities
- Patient engagement in or be familiar with activities related to clinical trials, drug development, HTA
- The language of the conference is English. Patient Fellows must be able to understand scientific content in English and network with other attendees with ease.

How to Apply?

- Complete DIA Fellowship Application.
- Provide a letter of reference on your role as a patient advocate (optional)

Benefits

Fully Supported Patient Fellowship

(Limited number available):

- Complimentary registration to the conference
- · One return economy trip, airline/train to Hamburg
- Maximum of three night's hotel accommodation at the DIA assigned hotel

Partially Supported Patient Fellowship (Limited number available):

• Complimentary registration to the EuroMeeting 2016

Timelines

Deadline for submission of completed applications:

23 November 2015

Announcement of successful fellowship applications:

January 2016

28th EuroMeeting, Hamburg, Germany:

6 - 8 April 2016





2016 PATIENT FELLOWSHIP APPLICATION FORM





| □ Prof. □ Dr □ Mr □ Mrs □ Ms | | | |
|--|-----------------------|---------------|--------------------|
| Last Name | | First Name | |
| Organisation | | Position | |
| Address | | | |
| Postal Code City | | Country | |
| Phone | | Email Address | |
| Organisation website | | | |
| Have you previously participated in the DIA EuroMeeting or the Clinical Forum? If yes, which year? If yes, did you have a □ Full Fellowship □ Fee Waiver? Were you a speaker? □ Yes □ No | | | |
| How long have you been a patient advocate? \square <1 year \square 1-3 years \square 4-6 years \square 7-10 years | □ 10+ years | | |
| What is the mission of your organisation | | | |
| | | | |
| Which best describes your focus? □ Advocacy □ Biomedical □ Education □ Policy □ Research | | | |
| Please describe your role as a patient advocate? (5 lines maximum) | | | |
| | | | |
| How would you benefit from participating in the DIA Patient Fellowship Programme? (5 lines maximum) | | | |
| | | | |
| If offered the opportunity, what information or experiences would you like to present to the other Fellowship participants? (5 lines maximum) | | | |
| | • | | |
| Are you now or have you ever been a DIA voluntee | ? | | |
| If yes what role (and year(s)) | - | | |
| Do you have specific accessibility requirements? Do you require assistance whilst at the meeting? | ☐ Yes ☐ No ☐ Yes ☐ No | | e specifye specify |
| Additional Questions: As there are restricted numbers of fully supported places, if you are selected for the group whose registration fees are waived only, you would be required to pay your own travel and accommodation costs. If this is the case, would you still be willing to attend the EuroMeeting? | | | |
| Please send the completed application to DIA by email, mail or fax by 23 November 2015. Applications received after this date will not be considered. | | | |
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DIA Europe, Middle East and Africa

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If you wish to submit a letter of reference with your application please ensure it is submitted at the same time to ensure it is considered.