



International Pompe Association

### Application Form for Pompe (Em)Power Program Pilot Phase

Name: .....

Address: .....

Phone number (including country number): .....

Cell phone number (including country number): .....

Email address: .....

Country: .....

Patient Organisation (if applicable): .....

Date of Birth (day/month/year): .....

Connection to Pompe Disease:

- I am a Pompe patient
- I am related to a Pompe patient. I am the ..... (partner, sibling, parent, child, etc) of a Pompe patient.

English Speaking:

- Yes
- Moderate
- No

In a separate document please answer the following questions:

- 1) Please explain why you are interested in international patient advocacy and why you are applying to be part of the Pompe (Em)Power Pilot Project:
- 2) The IPA Board is a dynamic group that consists of diverse backgrounds and experiences with Pompe disease. Every Board Member and Advisor has his/her strengths, knowledge and experience to draw from, and when combined make the IPA a unique patient organization with invaluable insight into the international community of Pompe patients. What skills or strengths do you believe that you would contribute to the Pompe (Em)Power Pilot Project?
- 3) Have you been active in patient advocacy to-date? If so, please describe:

Please provide a letter of recommendation from one (or more) of the following that supports your application:

- National Patient Organization;
- Physician; or
- Family Member/Close Friend

**The deadline to submit applications is Friday, February 20, 2015.**

Applications should be emailed to Maryze Schoneveld van der Linde at [maryze@worldpompe.org](mailto:maryze@worldpompe.org)