We are delighted that you are interested in joining IAPG network. Becoming an IAPG Member representative means that you will be invited to participate in important events for patients worldwide. IAPG Membership also allows you access to a wealth of capacity building support, via online Patients Exchange. Your organization will be listed as a member on the Patients Directory, and on our website. Moreover, as an IAPG Representative, you will have the opportunity to contribute to Various Disease policy making at a National level, to represent IAPG at external events and to exchange ideas and share experience with patient leaders worldwide.

We look forward to receiving your application form. For further details about how to apply, please see below:

**Guide to application process**

1. Please complete the form below in Word and email it with supporting documents to [admin@dakshamahealth.org](mailto:admin@dakshamahealth.org). It is important that your application form is either electronically signed, or a signed copy is sent to us by email or in the post.
2. IAPG will confirm receipt of your application within 1 week of receipt. Please note that your application will be held at the Delhi office until we receive the supporting documents requested on the final page of the form. Therefore, to ensure that your application is processed as quickly as possible, please enclose these documents or contact us if you have any queries.
3. Following receipt of all documents your application will be sent to IAPG Advisory Board, and assessed according to the IAPG guidelines for membership. This process takes six to eight weeks.

**Please note:**

If it is not possible to complete this form in Word, or you prefer to complete it by hand, please write in clear BLOCK CAPITALS and return by post to: **K 203, MAHINDRA AURA, Sector 110 A, New Palam Vihar, Gurgaon, Haryana 122017.** If you have any queries regarding the membership process or regarding supporting documents, please do contact us either by emailing [admin@dakshamahealth.org](mailto:admin@dakshamahealth.org) – we will be happy to help you.

**a. Details of your Organization**

|  |  |
| --- | --- |
| **Organization Name:**  (in English) |  |
| **Organization Name:**  (in your national or regional language) |  |
| **Acronym:**  (e.g. EFCCA) |  |
| **Organization area:**  NATIONAL  REGIONAL e.g. South, North  INTERNATIONAL i.e. Global |  |
| **Disease area:**  (e.g. osteoporosis, cancer, cross disease group) |  |
| **Year Established:** |  |
| **Number of Staff:** |  |
| **Number of Volunteers:** |  |
| **Your annual income:**  Please show this in INR |  |
| **General Email Address:** |  |
| **Website:** |  |
| **Postal Address:** |  |
| **Telephone Number:** (with country code) |  |
| **Fax Number:** (with country code) |  |
| **Organizational profile:** (Your organization will be listed as a member on our website. Please let us know, in no more that 100 words, about the work of your organization. Please ensure that you include either a web address or an email contact, if you would like to share this information via the web). |  |
| Is your organization an umbrella group of member organizations? (YES or NO) |  |
| If yes, how many member organizations does your organization have? |  |
| Approximately how many individual patients are members of your organization (if appropriate)? |  |
| Approximately how many patients does your organization represent overall? |  |

**b. Details of your IAPG Representative**

Please give the details of the person who will:

* Represent your organization in IAPG Meetings
* Receive communications from IAPG
* Respond to consultations where relevant for your organization
* Receive annual renewal invoices

The IAPG Representative should be a chief executive, a member of the governing body, or a senior manager involved in external affairs, policy, collaboration or another appropriate area.

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Direct Email Address (if possible):** |  |
| **Direct Telephone (if possible):** |  |
| **Direct Fax (if possible):** |  |

If any additional members of your staff, boards or committees would like to receive our newsletters, please give us their details below. *Please note that this is only possible if the individuals can receive emails.*

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Email Address** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

IAPG Members are patients’ organizations. These are organizations which are patient-driven. To become a MEMBER, your organization must fulfill the five criteria below. **Please tick all boxes that apply** to show that your organization is eligible to be a Member:

* Must be non profit and non-governmental.
* Must have a legal status appropriate to its country of origin, with a written constitution and/or by-laws. If no appropriate legal status exists in the country of origin this criteria may be waived at the discretion of the Governing Board. **Please send a copy of your governing document and your legal registration certificate with your completed application form.**
* An international, regional, national or local organization, or an umbrella group.
* The organization must demonstrate commitment to patients and the principle of patient-centred healthcare in their guiding statements, such as their vision, mission or organizational objectives, and their activities. Typically, the organization’s mission will be to respond to the needs of patients in a specific geographical or disease area, supporting and representing them.
* The organization must be patient-driven. This means that the needs and views of patients drive the organization’s strategy, policies and activities in a significant way and that the organization is capable of representing the needs and views of these patients. Although organizations from around the world achieve this in different ways, Full Members must demonstrate that they use at least one of the following three methods:
* a) The majority of the organization’s voting members are patients[[1]](#footnote-1), patient representatives[[2]](#footnote-2) or patients’ organizations with the power to nominate and elect their own governing body.
* b) The majority of the organization’s governing body are patients, patient representatives, or representatives of patients’ organizations.
* c) The organization can demonstrate that it has a governance structure which ensures that it is patient-driven i.e. the needs and views of patients drive the organization’s strategy, policies and activities in a significant way and that the organization is capable of representing the needs and views of these patients. Patients and patient representatives may in addition support and drive the organization financially through voluntary contributions. NB: This governance structure must be described and illustrated in a written letter or email which should accompany the organization’s application.

**ii. Associate Membership**

IAPG Associate Members must be healthcare-related organizations who are not eligible to become IAPG Full Members, yet who meet the four criteria below. **Please tick all boxes that apply** to show that your organization is eligible to be an Associate Member:

* Must be non-profit and non-governmental.
* Must have a legal status appropriate to its country of origin, with a written constitution and/or by-laws. If no appropriate legal status exists in the country of origin, these criteria may be waived at the discretion of the Governing Board. **Please send a copy of your governing document and your legal registration certificate your completed application form.**
* An international, regional, national or local organization or an umbrella group. The organization must demonstrate commitment to improving healthcare and to the principle of patient-centred healthcare in their guiding statements, such as their vision, mission or organizational objectives and their activities. Typically the organization’s mission will be to improve healthcare through raising awareness, advocacy work, raising funds for research or assisting patients’ organizations. The organization may be a multi-stakeholder umbrella coalition or alliance. **Please provide us with a written evidence of your organizations commitment to improving healthcare and to the principle of patient-centred healthcare. This could be a written statement, your strategic plan or copies of your mission and vision statement.**

**D. Check list**

**We would be grateful if you could ensure that you include the following supporting documents in your application. Please do contact us if you have any queries by emailing** [admin@dakshamahealth.org](mailto:admin@dakshamahealth.org)

* √Your written constitution or governing document
* √Your Legal registration certificate
* For umbrella organizations or networks, a full list of member organizations
* √For **Full Member applications only** from organizations where the majority of your voting members or governing body are not patients, you must enclose **a letter explaining how you ensure your organization is patient driven.** See section ci of this form for details
* For **Associate Member applications only** please include written evidence of your commitment to improving healthcare and to the principle of patient-centered healthcare

***I confirm that the information above is accurate, and that my organization is eligible to be a Full or Associate Member as defined above, and is committed to furthering patient-centred healthcare.***

**Signed:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. A patient is defined by IAPG as “a person with any chronic disease, illness, syndrome, impairment or disability”. IAPG aims to be representative of all patients regardless of gender, race, class, culture, religious belief, age, sexuality, lifestyle or degree of ability [↑](#footnote-ref-1)
2. A patient representative is defined by IAPG as “a person that is significant for a patient or their care, who can represent that patient, for example a partner, parent, family member or close friend”. A patient representative should not be a health professional unless they are also a significant relation or friend of the patient they are representing. Examples of patient representatives are a parent of someone with cystic fibrosis or the spouse of someone with Alzheimer’s Disease. [↑](#footnote-ref-2)