**Epilepsy Positivity Advisory Group Application**

*Please make sure you have read the ‘Role description and criteria’ sheet for this position on our 'Get Involved' webpage before starting this form.*

|  |  |
| --- | --- |
| Full name |  |
| Date of birth |  |
| Country of residence |  |

**What connection do you have with epilepsy?** (Please put ‘X’ next to all options which apply to you.

|  |  |
| --- | --- |
| Patient |  |
| Parent |  |
| Sibling |  |
| Partner |  |
| Friend |  |
| Professional |  |
| No connection but really passionate! |  |
| Other (please state) |  |

**Please tell us why you are interested in being a member of the Epilepsy Positivity Advisory Group.** (Please write no more than 200 words).

**What three main strengths do you have that would help you in this position?** (Please write no more than 200 words).

**Here at Epilepsy Positivity we are passionate about improving the lives of people affected by epilepsy. In the next five years what improvements would you like to see in terms of the services and support provided to people affected by epilepsy?** (Please write no more than 200 words).

**Please return your completed form to** [**epilepsypositivity@outlook.com**](mailto:epilepsypositivity@outlook.com) **by midnight 26th April 2019.**