

Application Form - SMA Patient Advocate Training

How to apply

Please take your time to read the application instructions carefully and complete the application in its entirety.

Applications must be submitted by **30 June 2026** to smacademy@sma-europe.eu with subject line “SMA Patient Advocate Training - First Name Last Name” and the following pdf attachments:

- Application form
- **A short letter of endorsement from your patient organisation or network.**
If you are not part of any patient organisation, please send a paragraph to explain why that is, and what steps you will take in the future.

For any questions, please reach out to smacademy@sma-europe.eu.

Personal Information

Full Name	
Email Address	
Country	
Age	Please confirm that you are 18 years of age or older. Yes No
Patient organisation	
Role in patient organisation	

Connection to spinal muscular atrophy (SMA)

1. What is your relationship to Spinal Muscular Atrophy (SMA)?
 - Person living with SMA
 - Family member/caregiver
 - Patient advocate
 - Other (please specify)
2. Please briefly describe your experience with SMA and your connection to the SMA community (*max. 200 words*).

Experience in patient advocacy

3. Describe any experience you have in patient advocacy or related activities (formal or informal). This may include supporting others, sharing information, participating in community activities, or any other relevant involvement. If you are new to patient advocacy, please describe your interest and any steps you have taken so far (*max. 300 words*).

4. List any patient organisations or advocacy networks that you are involved in. If you are not currently involved in any, please detail how you plan to systematically engage with such groups in the future (*max 200 words*).

5. How would you describe your level of experience in patient advocacy?

Beginner (new to patient advocacy, with a strong interest in learning)

Intermediate (some experience and involvement)

Advanced (extensive experience and active involvement)

6. Do you have any formal training in patient advocacy or patient engagement?

None

EUPATI Patient Expert Training

EURORDIS Open Academy Schools

European Patients Forum Trainings

Other (please specify)

7. Have you ever participated in any SMAcademy activities before?

No

SMAcademy webinars and workshops

Global SMAadvocacy Event

SMA Patient Organisation Peer Mentoring Programme

Journal Club

Motivation and Expectations

8. Why are you applying for the SMA Patient Advocate Training? What would you like to learn, and how does the training align with your personal and professional goals? (*max 350 words*).

Commitment and Participation

9. The programme requires active participation across all modules, including self-study and in-person participation in Module 5.
Please describe how you plan to ensure your full participation and engagement throughout the programme (*max. 150 words*).

Engagement and Community Contribution

10. How do you currently engage with the SMA or wider patient community? (*max. 200 words*)

11. How do you plan to use the knowledge acquired in the training to serve and contribute to the SMA community after the completion of the programme? (*max. 300 words*)

Language and Skills

12. Please confirm that you have an advanced level of English, allowing you to comfortably understand, read, and actively participate in discussions and learning activities conducted in this language. English competence is mandatory to participate in this training.

Yes

No

Additional materials

13. Please add here any additional relevant materials that you would like us to consider in support of your application (e.g. publications, testimonials, social media links, etc.).

Practical Information

14. Please describe any accessibility needs that we should be aware of.

15. How did you hear about the training?

SMA Europe newsletter

SMA Europe social media

National SMA organisation

Non-SMA patient organisation

Friends

Other (please specify)

Scholarship

The SMA Patient Advocate Training is free of charge, but admitted trainees are required to travel to the in-person module, which will be held in Prague in March 2027. SMA Europe offers a **limited number** of funding opportunities to support trainees cover **a part of the travel expenses** related to attending this event.

Candidates must demonstrate need and are strongly encouraged to apply to alternative funding sources as well (e.g., national organisations and patient networks, sponsors, etc.).

16. If would you like to be considered for a scholarship, please explain why. (*max. 200 words*)

17. Have you applied, or plan to apply, for alternative funding sources to participate in the event?

Yes

No

Declaration

18. I confirm that the information provided in this application form is accurate and complete.

Yes

No

19. I agree to participate actively in the programme and comply with its requirements if selected.

Yes

No

20. Do you agree to be included in the SMAcademy mailing list for future communications and news?

Yes

No

Please mark these important dates on your calendar.

20th July 2026: notification of acceptance

24th July 2026: deadline to confirm acceptance and sign agreement

September 2026: programme start

2nd - 3rd March 2027: in-person module in Prague, Czech Republic. Trainees will be invited to join the International Symposium on SMA Care held at the same location on 4th-5th March.

March 2027: programme end