[insert ERN Logo]

Associate PARTNER COLLABORATION Agreement

**Between the European Reference Network (ERN) for [insert ERN scope] (insert name of ERN) and [insert name of Patient Organisation]**

**12/03/2024**

This *document is a template which needs to be adjusted for each Network. The text and sections tracked in yellow highlight where the document needs changing*.

mission statement

[insert ERN mission statement]

**[Insert name of Patient Organisation]**

Hereby consents to become an Associate Partner of [Insert name of ERN] and accepts all the rights and obligations foreseen in the ERN bylaws, as well as the terms for ePAG advocates included in [Insert name of ERN] Rules for Patient Engagement.

[Insert name of Patient Organisation] acknowledges that the position of ePAG advocate is a voluntary position and does not involve any financial compensation. Travel and accommodation expenses will be reimbursed according to the [insert name of ERN] policy on reimbursement for travel expenses.

**[Insert name of ERN]**

Officially recognises [insert name of Patient Organisation] as an Associate Partner and affirms its commitment to work in collaboration with [insert name of Patient Organisation] and its representative for the benefit of patients living with [insert ERN disease area] under the leadership of [insert name of ERN Coordinator] and [insert name of Coordinating Centre] in [insert name of country where the ERN Coordinating centre is located].

**[Name of ERN Coordinator]**

Hereby certifies that the ERN has accepted the accession of [Insert name of Patient Organisation] as an Associate Partner.

Two originals of this Partnership Agreement have been duly signed by the undersigned authorized representatives.

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| **Signature (Associate Partner):** [NAME] [ROLE] Date:  | **Signature [insert name of ERN]:** Insert name of ERN Coordinator Date:  |

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