**Application Form**

If you are interested and meet the requirements and expectations for the Long-Acting Technologies Community Advisory Board (LAT CAB), please complete the application materials.

**How to Apply**

1. Fill-in and submit the application questionnaire (multiple choice/short answer);
2. Provide a 1-page letter of motivation explaining why you are interested in joining the LAT CAB;
3. Provide a peer support letter from a community leader and/or civil society organization or network.

All information you provide in completing this application will be handled confidentially. Please complete the below questions honestly and to the best of your ability.

1. **Application Questionnaire (10 questions)**

**About You**

|  |  |
| --- | --- |
| Last (Family) Name | First Name |
| Country | Region/City |
| Preferred Phone (Mobile/Home/Office) | Email Address |
| Gender (optional) | Profession/Occupation/Current Job |
| Organizational affiliation(s) | Primary language(s) |

1. **Please describe the kind of work you do at your home organization (3-4 sentences):**
2. **Why do you want to become a member of the LAT CAB? Please include specific skills, qualities and knowledge you wish to develop on HIV, HCV, TB, or malaria treatments or diagnostics.**
3. **How would you rate your general knowledge in these disease areas?**

**(4 = Professional level; 3 = Very good; 2 = Good; 1 = Poor)**

HIV \_\_\_\_\_\_

HCV \_\_\_\_\_\_

TB \_\_\_\_\_\_  
Malaria \_\_\_\_\_\_

1. **Please check if you already have knowledge of any of the following:**

 Research and development of medicines;

 Familiarity with long-acting therapeutics and preventives;

 Study protocol review or trial design issues;

 Global and/or regional and/or national issues affecting access to HIV, HCV, TB, or malaria treatments;

 Implementation and other strategies for expediting uptake of new medicines;

 Costing or pricing of medicines;

 Intellectual property and access to medicines issues;

 Regulatory approval processes;

 Global and/or national guideline development processes;

 Government advocacy;

 Other:

1. **Please indicate which of the following you are most interested in learning about:**

 Research and development of medicines;

 Familiarity with long-acting therapeutics and preventives;

 Study protocol review or trial design issues;

 Global and/or regional and/or national issues affecting access to HIV, HCV, TB, or malaria treatments;

 Implementation and other strategies for expediting uptake of new medicines;

 Costing or pricing of medicines;

 Intellectual property and access to medicines issues;

 Regulatory approval processes;

 Global and/or national guideline development processes;

 Government advocacy;

 Other:

1. **Please describe the 2 most important activities that you are involved in as a treatment activist/advocate.**
2. **Please list any local, national, and/ or international networks or organizations you are involved in; and any CAB you are/have been part of:**
3. **How many global meetings related to HIV, HCV, TB, and/or malaria have you attended in the last 5 years?** Please comment on the meetings and how you have used the information.
4. **Is there anything else you want to tell us about yourself and why you want to join the LAT CAB?**
5. **How did you hear about the LAT CAB recruitment?**

**Please check one (optional):**

1. Are you living with HIV, HCV, malaria, or TB?

 Yes  No  Prefer not to disclose  Don’t know

2. Do you identify as a person who uses or injects drugs?

 Yes  No  Prefer not to disclose

3. Have you ever been incarcerated for any period of time?

 Yes  No  Prefer not to disclose

**Sign Declaration**

I understand that this application will be viewed by an independent selection committee.

 Yes

I confirm that the information given is true and accurate.

Initial \_\_\_\_\_

Date \_\_\_\_\_

**2. Letter of Motivation**

Instructions: *The letter of motivation helps the independent selection committee understand who you are and what is motivating you to apply to join the LAT CAB. In* ***1 to maximum 2 pages****, please explain why you are interested in joining the LAT CAB; and if you have sufficient time to commit to LAT CAB activities.*

*You may want to consider including some of the following, or similar, content:*

* *What knowledge or interests will you bring to the work of the LAT CAB?*
* *Describe any specific knowledge you have of drug research & development and/or access issues, including those that affect special or vulnerable populations (e.g., people with HIV, HCV, TB, or malaria; women; children; people who use or inject drugs, incarcerated individuals; migrants; etc.).*
* *Have you ever been involved in HIV, TB, HCV, or malaria activism? If YES, please state when and why you became involved.)*
* *Are you involved now in HIV, TB, HCV, and/or malaria activism? (If YES, please explain how you are involved (i.e. volunteer work, capacity building/training, specific tasks, campaigns or initiatives. If NO, please explain why you want to become involved.)*
* *Do you have experience with activism in other disease areas? (If YES, please name disease area(s) and describe your involvement.)*
* *How do you plan to use your participation in the LAT CAB in your professional and/or volunteer work?*
* *What do you plan to do with the information you learn?*

**3. Peer Support Letter**

*Instructions: A peer support letter provides additional perspectives on your experience and community activism. Please request a short letter from a community leader and/or civil society organization or network which is familiar with your activism and work.*