

Peer Mentoring Programme 2019

Permission for participation

You have received this form because a member of your organisation has applied to be a mentee on Findacure's 2019 peer mentoring programme. The programme aims to accelerate the progress of rare disease patient groups by matching them to an experienced mentor for a year.

As a senior member of your organisation, we are asking for you to confirm that you are happy for your member to take part, and that you understand the Terms and Conditions of the Programme. We would be grateful if you could tick each box to confirm:

- I give my permission for the member of my organisation to participate in Findacure's 2019 peer mentoring programme.
- I have read, understand and agree to the full Terms and Conditions of the peer mentoring programme, available at: www.findacure.org.uk/peer-mentoring-2019
- I understand that the individual who has registered for the programme must be the individual who participates in the programme and that they will be the primary contact.
- I understand that it is not the mentor's responsibility to take on projects on behalf of the mentee. The mentor's role is to provide guidance, not to act as a volunteer.
- I understand that participation in the mentoring programme is not an endorsement of my organisation by Findacure or by the mentor.
- I understand that the mentor acts as a private individual and does not represent his or her organisation.
- I understand that decisions made concerning mentees' organisations are ultimately made by the mentee. Neither Findacure nor the mentors are liable for any kind of loss to the mentees and their organisations. Additionally, neither Findacure nor the mentees are liable for any kind of loss to mentors and third parties.

Signed:

Name:

Role:

Thank you for filling in our permission form. We would be grateful if you could return it to libbie@findacure.org.uk as soon as possible, and no later than 9am on Monday 7th January