

## Permission for participation

You have received this form because a member of your organisation has applied to be a mentee on Findacure's 2020-21 patient group 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 colleague to take part as a representative of your organisation. We ask that your organisation is open to working with your representative's mentor, and considering the advice and ideas that come from their pairing. We also ask you to confirm that you understand the Terms and Conditions of the Programme.

**We would be grateful if you could tick each box to confirm:**

- I have read, understand and agree to the full Terms and Conditions of the patient group mentoring programme, available in the programme handbook at: [www.findacure.org.uk/peer-mentoring/mentoring-programme-2020](http://www.findacure.org.uk/peer-mentoring/mentoring-programme-2020)
- 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 the mentee organisations are ultimately made by that organisation. The organisation is not bound in anyway to act on the mentor's advice. 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.

I give my permission for \_\_\_\_\_ to participate in Findacure's 2020-21 peer mentoring programme.

Signed:

Name:

Patient group:

Role:

**Thank you for filling in our permission form. Please return it to [maryrose@findacure.org.uk](mailto:maryrose@findacure.org.uk) as soon as possible, and no later than 10am on Wednesday 4<sup>th</sup> March**