

Thank you for your interest in becoming an IBE member.

This application form will take approximately 15-20 minutes to complete. We kindly ask that you begin when you're able to set aside enough time. The form is divided into sections, and you will be able to review and edit your responses as you progress. Please ensure that all questions are fully completed, as incomplete responses may require us to follow up for clarification and could result in delays in processing your application.

Kindly note, in this form when we say 'persons living with epilepsy' we mean persons with epilepsy **and** those who care for them.

For any questions, please contact Shivani Sharma at coordinator@ibe-epilepsy.org

1. Please provide details of the of the person who is filling out this survey on behalf of your organisation:

Name:

Role:

Email Address:

General Information

This section will help us understand the membership category to which your organisation best aligns.

* 2. What is the name of your organisation?

* 3. Which category of membership are you applying for?

- ☐ Full Chapter
- ☐ Associate Chapter
- ☐ Affiliate Chapter

* 4. Are you a part of an existing IBE Full chapter? (Eg: A national federation)

- ☐ Yes
- ☐ No

If yes, please specify

* 5. Are you a sub-entity of a larger institution? (E.g., hospital, academic institution, government agency)

- ☐ Yes
- ☐ No

If yes, please provide details

* 6. Are you currently affiliated with the International League Against Epilepsy (ILAE) as a Chapter?

- ☐ Yes
- ☐ No

* 7. In which country are you located?

* 8. Are you a registered/certified organisation in your country?

- ☐ Yes
- ☐ No

If yes, please indicate the registration/certificate number and the granting authority

* 9. Is your organisation classed as a non-government/non-profit organisation?

If your answer is yes, you will be requested to upload your confirmation at the end of the survey.

☐ Yes

☐ No

10. In which year was your organisation officially registered?

If you are unsure, please write 'I'm not sure'

* 11. Is your organisation in good standing within your country?

By 'good standing' we mean, an organisation that has met all legal and regulatory requirements within its jurisdiction (Eg: timely filing of required documents, payment of taxes and fees, and compliance with relevant laws and regulations)

☐ Yes

☐ No

12. Please share links to your website and social media accounts. If you don't have any, please write N/A

Website

Facebook

LinkedIn

Instagram

X (formerly known as
Twitter)

Other, please specify

* 13. Please provide details of the primary contact person:

Name

Email Address

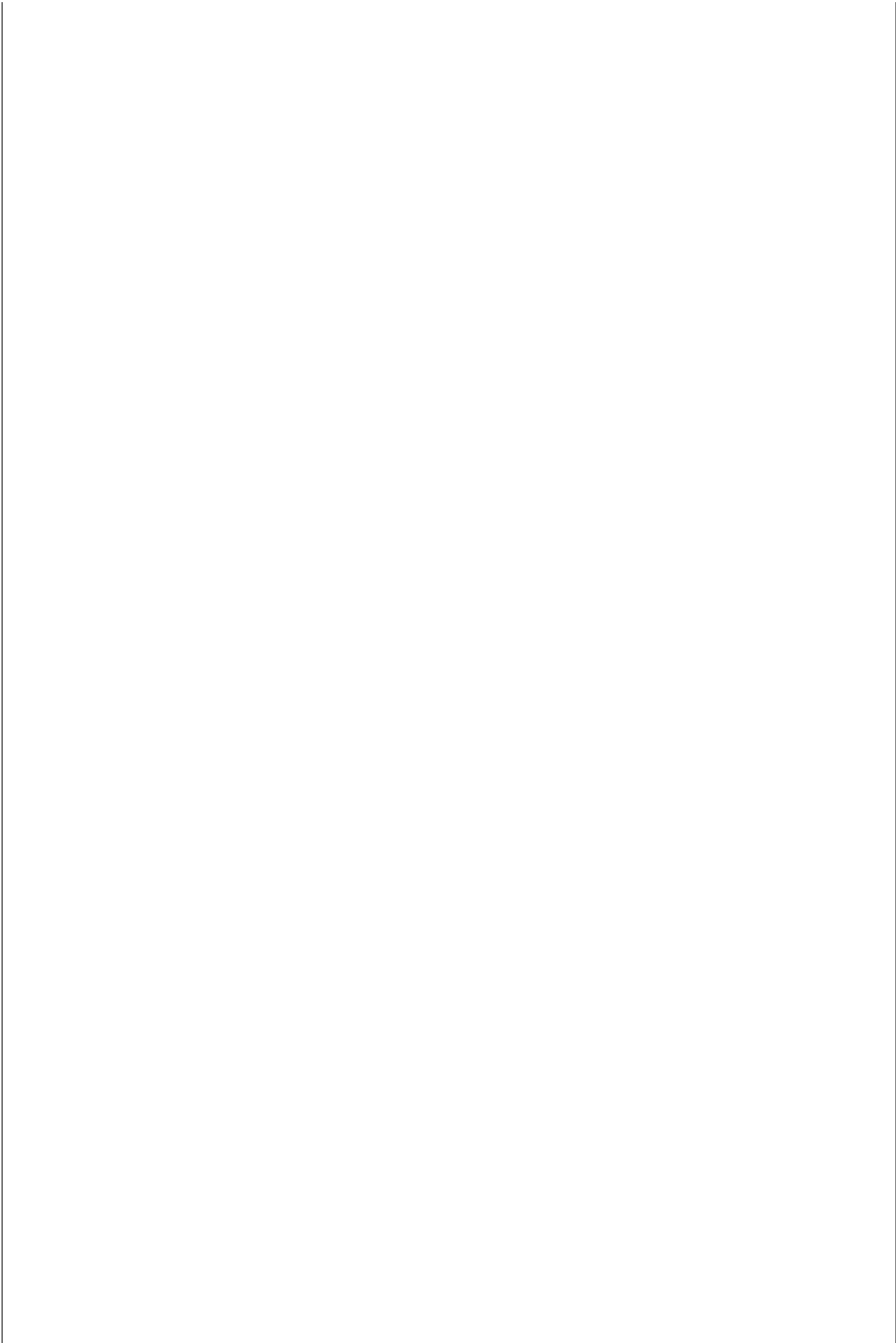
Phone Number
(including
international and
regional codes)

* 14. Please provide details of the secondary contact person:

Name

Email Address

Phone Number
(including
international and
regional codes)



Governance [Eg: Board of Directors, Board of Trustees etc.]

These questions will help us understand the structure of your governing body and how people living with epilepsy are represented.

* 15. Who is the president, or equivalent, of your organisation?

Name

Email address

* 16. Do you conduct elections to appoint your governing body?

☐ Yes

☐ No

If no, how is your governing body selected?

* 17. If you conduct elections, please provide details of elected officers (Eg: Chair, vice-chair, secretary, treasurer etc.). If you do not conduct elections, please [\[click here\]](#) to download a Word file and provide details of your governing body. You will be asked to upload the completed Word file/PDF at the end of the survey.

Member 1: Name

Member 1: Role

Member 1: Email
Address

Member 1: Term of
Office

Member 1: Number of
Consecutive Terms
Served

Member 2: Name

Member 2: Role

Member 2: Email
Address

Member 2: Term of
Office

Member 2: Number of
Consecutive Terms
Served

Member 3: Name

Member 3: Role

Member 3: Email
Address

Member 3: Term of Office	<input type="text"/>
Member 3: Number of Consecutive Terms Served	<input type="text"/>
Member 4: Name	<input type="text"/>
Member 4: Role	<input type="text"/>
Member 4: Email Address	<input type="text"/>
Member 4: Term of Office	<input type="text"/>
Member 4: Number of Consecutive Terms Served	<input type="text"/>
Member 5: Name	<input type="text"/>
Member 5: Role	<input type="text"/>
Member 5: Email Address	<input type="text"/>
Member 5: Term of Office	<input type="text"/>
Member 5: Number of Consecutive Terms Served	<input type="text"/>

* 18. Do you have representation of people living with epilepsy* in your governing body?

- ☐ Yes
- ☐ No
- ☐ I Don't Know

If no, please explain. (Eg: If you are a federation and your governing body is composed of chapter representatives)

* 19. What percentage of your governing body includes people living with epilepsy*?

0
100

* people living with epilepsy refers to persons with epilepsy and those who care for them

Membership & Activities

This section will help us assess your membership eligibility based on the activities you undertake/support.

* 20. Does your organisation offer membership?

☐ Yes

☐ No

*** people living with epilepsy refers to persons with epilepsy and those who care for them**

* 21. What type of members do you have? [tick all that apply]

- ☐ People with epilepsy
- ☐ Carers/ family members of people with epilepsy
- ☐ Healthcare professionals (Eg: Neurologist, neurosurgeon, social worker etc.)
- ☐ Epilepsy organisations
- ☐ Students
- ☐ Volunteers

Other, please specify

22. What is your total membership count? This would mean an approximate number of individual members or member associations/affiliates depending on the type of organisation you are. Kindly specify which type of number you are providing.

* 23. Are all the activities of your organisation exclusively focussed on epilepsy?

We are trying to understand if epilepsy is your main focus or if it is just a part of all the work that you do.

- ☐ Yes
- ☐ No

If no, what proportion of your activities are focussed on epilepsy?

* 24. Within epilepsy, what is the focus of your organisation's activities? [tick all that apply]

- ☐ All types of epilepsy
- ☐ Specific sub-populations of epilepsy (Eg: Youth, women etc.)
- ☐ Rare and ultra rare epilepsies

If you've selected specific sub-populations or rare epilepsies, please specify

* 25. What is the scope of your organisation's activities?

- ☐ Local (Activities are primarily focused on a specific city, town, or community)
- ☐ National (Activities that span the country, reaching diverse communities)
- ☐ Regional (Activities that span across a number of countries in one region of the world)
- ☐ International (Activities that span across countries)

* 26. Does your organisation provide information/resources about epilepsy to people living with epilepsy*?

☐ Yes

☐ No

*** people living with epilepsy refers to persons with epilepsy and those who care for them**

* 27. Does your organisation provide information/resources at a national level?

☐ Yes

☐ No

* 28. Please share a clear example/explanation of how you ensure the information you provide is reliable, accurate, or evidence-based. You may either share a link to a relevant section of your website or provide a brief write-up [Max. 150 words].

* 29. Does your organisation conduct awareness raising activities for people living with epilepsy*?

☐ Yes

☐ No

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* 30. Does your organisation conduct these awareness-raising activities across different regions of the country?

☐ Yes

☐ No

* 31. Please share a clear example/explanation of how you ensure the participation of epilepsy living with epilepsy* in awareness-raising activities/campaigns. You may either share a link to a relevant section of your website or provide a brief write-up [Max. 150 words].

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* 32. Does your organisation provide services and support for people living with epilepsy*?

☐ Yes

☐ No

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* 33. Please indicate the services your organisation engage in. [tick all that apply]

- ☐ Support groups
- ☐ Peer to peer support
- ☐ Advice – financial/legal/benefits/navigating systems
- ☐ Counselling
- ☐ Medical advice

Others, please specify

* 34. Does your organisation provide these services and support across different regions of the country?

- ☐ Yes, for all
- ☐ Yes, for some
- ☐ No

* 35. Does your organisation engage in advocacy activities/campaigns for people living with epilepsy* to influence policy decision making?

☐ Yes

☐ No

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* 36. Please indicate which advocacy activities your organisation engages in. [tick all that apply]

☐ Working with governments/policy makers

☐ Campaigning

Others, please specify

* 37. Please share a clear example/explanation of how you ensure your policy decision making is based on the needs/preferences of people living with epilepsy*. You may either share a link to a relevant section of your website or provide a brief write-up [Max. 150 words].

*** people living with epilepsy refers to persons with epilepsy and those who care for them**

38. Does your organisation engage in education/training activities for people living with epilepsy*?

☐ Yes

☐ No

*** people living with epilepsy refers to persons with epilepsy and those who care for them**

39. In which settings, or to which groups, does your organisation provide this education/training? [tick all that apply]

- ☐ Schools
- ☐ Workplaces
- ☐ Healthcare professionals
- ☐ Police officers
- ☐ First responders

Others, please specify

40. Please share a clear example/explanation of how you ensure the participation of epilepsy living with epilepsy* in education/training activities. You may either share a link to a relevant section of your website or provide a brief write-up [Max. 150 words].

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* 41. Is your organisation involved in epilepsy research?

☐ Yes

☐ No

* 42. How is your organisation involved in research? Tick all that apply.

- ☐ Conducting research
- ☐ Funding research
- ☐ Setting research priorities
- ☐ Supporting research
- ☐ Supporting people living with epilepsy* to engage in research

* 43. Please share a clear example/explanation of how you ensure participation of people living with epilepsy* in research. You may either share a link to a relevant section of your website or provide a brief write-up [Max. 150 words].

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Finances

This section will help us understand the resources available across the global epilepsy community and to inform the support activities of IBE.

* 44. What are your primary sources of funding for your organisation? [tick all that apply]

- ☐ Grants from international organisations
- ☐ Grants from government agencies
- ☐ Membership fees
- ☐ Donations from individuals
- ☐ Support from foundations/philanthropists
- ☐ Corporate sponsorships or partnerships
- ☐ Fundraising events or campaigns
- ☐ Endowments or investments
- ☐ Income from services/support provided
- ☐ Prefer not to disclose
- ☐ Others, please specify

* 45. What was your organisation's income in the last filed financial year? [All figures are in US Dollars]

- ☐ Less than \$1,000
- ☐ \$1,000 - \$10,000
- ☐ \$10,000 - \$50,000
- ☐ \$50,000 - \$100,000
- ☐ \$100,000 - \$500,000
- ☐ \$500,000 - \$1 million
- ☐ More than \$1 million
- ☐ Prefer not to disclose

* 46. What was your organisation's expenditure in the last filed financial year? [All figures are in US Dollars]

- ☐ Less than \$1,000
- ☐ \$1,000 - \$10,000
- ☐ \$10,000 - \$50,000
- ☐ \$50,000 - \$100,000
- ☐ \$100,000 - \$500,000
- ☐ \$500,000 - \$1 million
- ☐ More than \$1 million
- ☐ Prefer not to disclose

ByLaws/Constitution

*This section will help us determine your organisation's alignment with our ByLaws and membership principles.
[these can be accessed [here](#)]*

* 47. Do you confirm that your organisation meets all the criteria for membership, as set down in the Constitution/ByLaws of IBE?

☐ Yes

☐ No

* 48. Do the current ByLaws of your organisation align with IBEs newly adopted ByLaws?

☐ Yes

☐ No

If no, what challenges are you facing in meeting the requirements of the new ByLaws?

* 49. Do you agree to commit to all the membership principles, as stated in IBE's ByLaws?

☐ Yes

☐ No

* 50. Do you agree to provide updates to IBE on any changes within your organisation through an annual survey that will be circulated?

☐ Yes

☐ No

Documents to be uploaded:

* 51. A copy of your Articles of Incorporation/official registration document.

Choose File

Choose File

No file chosen

* 52. A copy of your Constitution/ByLaws or equivalent.

Choose File

Choose File

No file chosen

* 53. A confirmation of your charitable/non-government status (if not included in the above).

Choose File

Choose File

No file chosen

* 54. A copy of your annual report including a description of your finances and ongoing activities. If it is in a language other than English, please upload a brief synopsis in English.

Choose File

Choose File

No file chosen

* 55. A copy of the details of your governing body from Q17 (if applicable).

Choose File

Choose File

No file chosen

Thank you for applying!

We will be in touch with a decision or reach out if any further clarification is needed. If you don't hear from us in 6 weeks, please reach out at coordinator@ibe-epilepsy.org.