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| World Health Organization  **Regional Office for Europe**  Weltgesundheitsorganisation  **Regionalbüro füR Europa** |  | Organisation Mondiale de la SantÉ  **Bureau RÉgional de l'Europe**  ВсемирнаЯ организациЯ здравоохранениЯ  **Европейское региональное бюро** | |
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|  | | | **1 April 2025**  **Original: English** |

**Nomination form for the EHTF Bureau for the EHP stakeholders**

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| --- | --- |
| **Title** | Mr  Ms  Other Click or tap here to enter text. |
| **Contact details** | First name: Click or tap here to enter text.  Last name: Click or tap here to enter text.  Country: Click or tap here to enter text.  Institution/organization: Click or tap here to enter text.  Position: Click or tap here to enter text.  Email: Click or tap here to enter text. |
| **Short description of your institution’s/organization’s work in relation to the implementation of the Budapest Commitments** | Please respond in fewer than 200 words:  Click or tap here to enter text. |
| **Statement of motivation for being EHTF Bureau member** | Please respond in fewer than 200 words:  Click or tap here to enter text. |
| **Acknowledgment that the submission is supported by the organization you represent** | e-Signature: Click or tap here to enter text.  *Please send any supporting documents for your application by email.* |

**Please send this filled form to** [**euceh@who.int**](mailto:euceh@who.int) **by 9 May 2025.**