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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** |
|  |  |  |
|  | **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** **by 9 May 2025.**