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| idf europeDiabetes Advocate Award 2024Rewarding advocacy for the benefit of the diabetes community! |
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|  | **CANDIDATE/APPLICANT** |  |
|  | Name & Surname |  |  |
|  | Institution/Organisation/Company |  |  |
|  | Position within |  |  |
|  | Address |  |  |
|  | City, Postal Code |  |  |  |
|  | Country |  |  |
|  | E-mail |  |  |
|  | Website/Social Media |  |  |
|  | Tel/Mobile |  |  |  |
|  |  |  |
|  | **LIST OF RELEVANT DOCUMENTS** |  |
|  | [ ] Description of the advocacy activity and efforts, their scope, relevance and impact on people living with diabetes (in appendix, **mandatory**) |  |
|  | [ ] Peer reviewed articles, media publications, letters of support /or any other information that would support your application (max. 5, optional) [ ] **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ] **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ] **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ] **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**[ ] **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
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| **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature** |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |   |
| Please complete the form and return with supporting documents to IDF Europe by e-mail toprizes@idf-europe.org by 6 November 2024 |

Supported by



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| **Please describe your** **advocacy activity and efforts, their scope, relevance and impact on people living with diabetes (3000 words max)** |
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