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| idf europeDiabetes Advocate Award 2024 Rewarding 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 to[prizes@idf-europe.org](mailto:prizes@idf-europe.org) by 6 November 2024 | | | | | | |

Supported by

Logo, company name

Description automatically generated

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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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