

C-EHRN Advisory Committee Election 2024 Application

Form of Consent

I, ------(PLEASE FILL IN YOUR NAME) ------- hereby confirm that I am applying to become a member of the Advisory Committee of Correlation - European Harm Reduction Network.

I fully support the vision, mission and principles of the network and confirm that I am aware of the tasks, responsibilities and other agreements stipulated in the Terms of Reference for C-EHRN Advisory Committee Members.

I give consent to the Correlation Network Office to process the personal information and data, which is submitted in this application. This information will be shared and distributed among C-EHRN Members exclusively for the purpose of the elections of a new Steering Committee (2024-2028).

Date:

Place :

Name :

Signature