Digital Health &
Discovery Platform

COMMITTEE NOMINATION FORM

As we build the DHDP ecosystem, we need your support to identify individuals that are interested to serve on the various DHDP committees.

Please complete this form to help us identify individuals to serve by:

1. Providing a full name, affiliation, and co-ordinates of the individual,
2. Indicating the area of interest by checking off the relevant box(es),
3. Provide the rationale supporting their participation (ie expertise and experience) and how they can help DHDP grow

Please note that a nomination is not a guarantee that an individual will be selected to participate on the committee. This is a volunteer position for which no reimbursement of time expenses is offered.

Please email completed form to dhdp@dhdp.com
Note: The form must be signed and dated to be considered complete.

Full Name of Nominee			
Affiliation			
Address			
Email		**Telephone**	

INTEREST TO PARTICIPATE IN / ON	√		√
Executive Committee		Eligible Project Selection	
Data		Network & Sustainability	
Commercialization		Membership	
Education and Training		Technology	

NOMINEE STATEMENT

Nominator: **Date:**