



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Health systems, medical products and innovation
Medical products: quality, safety, innovation

Brussels,
SANTE B4/7591423/ARES (2016)6915471

CALL FOR EXPRESSIONS OF INTEREST
Establishing the Health Technology Assessment Network
Stakeholder Pool

ANNEX 1
APPLICATION FORM

Please send the completed application form to SANTE-HTA-NETWORK@ec.europa.eu by **31 January 2017**, with "*HTA Stakeholder Pool - call for expressions of interest*" in the subject line.

FULL NAME OF THE ORGANISATION:	
Acronym (if applicable)	
Identification number in the Transparency Register ¹	
Main area of interest/activities	<input type="checkbox"/> Patients/Consumers <input type="checkbox"/> Health providers <input type="checkbox"/> Payers <input type="checkbox"/> Industry <input type="checkbox"/> Other (please specify)
Membership - link to the disclosed membership on the organisation's website.	
A short description of the applying organisation, including	

¹ <http://europa.eu/transparency-register/>

the involvement in the use of HTA in health care decision-making or how HTA is relevant to the organisation's constituents.	
The identification of the management level people in the organisation who will participate in the Forum and the particular expertise and experience they bring ² .	
Reason for wishing to join the Forum and the contribution they expect to make.	
Statement of intent to join the Forum for the duration of the EUnetHTA Joint Action 3 (2016-2020) and active/committed participation in the activities of the Group.	
A statement that the organisation agrees to have its membership in the Forum made public on the HTA Network website.	
Address:	
E-mail:	
Phone:	
Main area of expertise and professional experience relevant to the call	

² One contact person per organisation is required, however participants to specific meetings may be experts nominated by the organisation and can be different from the contact person.

PERSON AUTHORISED TO COMMIT THE ORGANISATION	
Title (Mr, Mrs, Ms., etc.)	
Family name	
First name	
Position in the organisation	
Tel.	
E-mail	

NOMINATED REPRESENTATIVE(S)*	
Title (Mr, Mrs, Ms., etc.)	
Family name	
First name	
Position in the organisation	
Tel.	
E-mail	
Main area of expertise and professional experience relevant to the call	