

## STEERING COMMITTEE MEMBER APPLICATION FORM

### PERSONAL INFORMATION

FULL NAME CONTACT NUMBER

EMAIL ADDRESS OCCUPATION

STATE

PRIMARY ORGANISATION SECONDARY ORGANISATION

### **ABOUT YOU**

Tell us your reason/s for wishing to join the DFA Steering Committee (250 words max) (250 word limit)

Provide a brief description of your research experience in diabetes-related foot disease and more generally



**ABOUT YOU** 

# STEERING COMMITTEE MEMBER APPLICATION FORM

Provide a brief description of your clinical practice experience in diabetes-related foot disease and more generally (250 word limit)

Provide a brief description of your steering committee	e experience in diabetes-related	foot disease and more generally (250 word limit)