

**NOMINATION FORM**  
For appointment to the Board of Trustees  
The International Federation of Infection Control

**Nominee/Candidate:**

Mr.  Ms.  Mrs.  Ms.  Dr.  Other: \_\_\_\_\_

\_\_\_\_\_

**Name:**

\_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City**

\_\_\_\_\_

**State/Province/County** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Postal Code/Zip**

\_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Title/Position**

\_\_\_\_\_

**Business Address:** \_\_\_\_\_ **City**

\_\_\_\_\_

**State/Province/County** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Postal Code/Zip**

\_\_\_\_\_

**E-mail:** \_\_\_\_\_

The Nominee understands that there are commitments to the work of the organisation and by agreeing to let his/her name stand is expressing a willingness to serve. Commitments will include (but not be limited to) serving on committees, acting as regional liaison for their geographical region, attending the twice yearly face to face board meetings as well as the Annual General Meeting held in conjunction with one board meeting and conference. Much work is accomplished in- between face-to-face meetings and timely, ongoing communication among and between board members is vital.

If a Trustee is unable to attend 2 consecutive meetings or is absent from one meeting and is unable to provide active on-going communication up until the meeting the nominee may be requested to tender his/her resignation to the IFIC Board of Trustees.

The Nominee understands this responsibility and has agreed to let name stand: Yes

Nominee/Candidate Profile: **(or attach resume/cv)**

The nominating member organization is able to/prepared to/unable to support travel and expenses to enable their candidate to attend the two IFIC biannual board meetings

Nominating Society: \_\_\_\_\_

Date: (dd/mm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Country: \_\_\_\_\_

Contact person: \_\_\_\_\_

Email: \_\_\_\_\_

Contact person: \_\_\_\_\_

Email: \_\_\_\_\_