**Application for board member role**

**(Please complete all sections)**

|  |  |
| --- | --- |
| Full name: |  |
| Name of member stroke support organisation: |  |
| Position held in member stroke support organisation: |  |
| Country of member stroke support organisation: |  |

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| What contribution do you hope to make to SAFE and the stroke patient community as a member of the board? |
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| --- | --- |
| Please select any of the following where you have a specific expertise that would be useful to the board. | |
|  |  |
| Accounting |  |
| Communications |  |
| Education and Training |  |
| Fundraising |  |
| Governance |  |
| Human Resources |  |
| Public Affairs |  |
| Research |  |
| Strategy |  |
| Other |  |

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| What personal expertise and professional strengths will you bring to SAFE and the stroke community? Mention any relevant experience. |
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| How would your election to the SAFE board benefit your organisation? |
|  |

I confirm that the information contained in this application is correct, and that neither me, or my organisation, have been subject to any financial/legal or other such investigations in the past 12 months.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Once completed, this form, along with a recent curriculum vitae and the letter of nomination should be sent to the SAFE Secretariat at [info@safestroke.eu](mailto:info@safestroke.eu) by a **member of the board of the organisation** (not the applicant). Your CV will be shared with SAFE members as part of the election process. Please ensure that you remove all personal information, such as phone number, date of birth and address from the CV.