**SAFE Treasurer Application Form**

**(Please complete all sections)**

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| 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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| Please explain, in a maximum of 250 words, why you are interested in the position of Treasurer of SAFE, giving brief details about your background, reasons for standing, what skills and knowledge you can bring and your suitability for this role. In doing so, please refer to the person specification and role description. |
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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.

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| Signature: |       | Date: |       |

Once completed, please return this form, along with a recent curriculum vitae to the SAFE Secretariat at info@safestroke.eu