**NOMINATION FORM**

**IFCPF Athlete Representative**

**July 2015**

**NOMINATION FORM**

**IFCPF ATHLETE REPRESENTATIVE**

**NAME OF MEMBER:**

**………………………………………………………….…………………………………………**

**NOMINATED CANDIDATE FOR ELECTION:**

**Name:……………………..………………………………………………………………………**

**Surname:………………………….………………………………………………………………**

**CONFIRMATION OF NOMINATION**

|  |  |
| --- | --- |
| Name and surname of President:  ………………………………..……………………………  Signature:……..……………………………………………  Date:……….....…………………………………………… | Official stamp of the Member: |
| Name and surname of the Secretary General or Executive Director:  ………………………………………………………………  Signature:…..………………………………………………  Date:…….………..……………………………………… |
| **By signing this form, the above-mentioned officials duly confirm the Member’s endorsement of the individual nomination for appointment to IFCPF.** | |

**NOMINATED CANDIDATE**

**NAME:……………...……………………………………………………………………..………**

**SURNAME:……………………………………………………………………………………….**

**NATIONALITY (as shown in passport):….………………………………………………………**

**LEGAL RESIDENCE (if different than nationality):…..…………………………………….…..**

**ADDRESS:…….…………………………………………………………………………...……..**

**…….………………………………………………………………………………………………**

**TELEPHONE:………………………...….……..…………………………………………………**

**EMAIL ADDRESS:…………..……………….………………………………………………......**

**SUMMARY OF RELEVANT EXPERIENCE:**

|  |
| --- |
|  |

**PLEASE ATTACH A PORTRAIT PHOTO (min. 300dpi)**

**LAST PARTICIPATION AT AN INTERNATIONAL CP FOOTBALL TOURNAMENT:**

**………………….………………….………………….………………….……….……………...**

**SPORTS CAREER ACCOMPLISHMENTS:**

|  |  |
| --- | --- |
| Paralympic Games |  |
| World Championships |  |
| Regional Championships |  |
| Other championships |  |

Why do you wish to be appointed to the IFCPF Board of Directors?

What specific and/or special skills, background and expertise do you have to offer?

What is your vision for the role of the Athlete Representative?

**I confirm that I meet the eligibility criteria for nomination and also agree to my nomination.**

**I hereby agree to allow the IFCPF usage of the information and data contained on these forms for the promotion of the Athlete Representative, including but not limited to my photograph, profile data and statements made.**

Signature of nominee:

Date:

**COMPLETED FORMS MUST BE RECEIVED BY POST OR AS SCANNED/FAXED ORIGINALS AT THE IFCPF OFFICE HEADQUARTERS PRIOR TO 31 JULY 2015, 24:00 CET.**

**PLEASE NOTE THAT LATE NOMINATIONS OR INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

**Note:** the photograph of the nominee for future publication on promotional material must be sent electronically to [aholland@ifcpf.com](mailto:aholland@ifcpf.com) and meet the following requirements:

* for printing purposes the digital image size should be 300dpi (dots per inch), preferable as an eps.- or jpg.-file.
* image should be saved as FirstName\_FamilyName.jpg (example: Peter\_Smith.jpg).
* the photo should be an accurate likeness of the applicant in colour;
* the image should be a front view of the applicant’s head and shoulders
* hats, hair bands or dark glasses may not be worn, unless always worn for religious or medical reasons;
* the background must be plain; white or light blue are recommended; the image must not have been altered in any way.

**Checklist:**

Did you send …

* Nomination Form?
* Electronic picture?
* Undertaking?