**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, please return this form, along with a recent curriculum vitae to the SAFE Secretariat @ [info@safestroke.eu](mailto:info@safestroke.eu)

A letter from the board of your organisation supporting your nomination should be submitted separately to the Secretariat.