**Member Nomination Form**

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| ***Full Name:*** |
| ***Address:*** |
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|  |
|  |
| ***Phone No:*** |
| ***Email:*** |
| ***Employer*** *(if applicable):* |
| ***LinkedIn profile:*** |

1. **Proposers** *(Ordinary Member,* ***Proposers must be members of eAA and agree to be contacted with reference to this application)*:**

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| **Proposer 1. *Name*:** |
| ***Email:*** |
| ***Phone No:*** |

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| ***Proposer 2. Name:*** |
| ***Email:*** |
| ***Phone No:*** |

1. **Proposing Organisation** *(Organisational Member)*

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| ***Organisation Name:*** |
| ***Organisation Nominating contact name:*** |
| ***Email:*** |
| ***Phone No:*** |

***(complete only a. or b.)***

I the above named *(delete as applicable)* wish to stand for appointment as a *MEMBER* of *AI World Council*.

By Signing this form, I confirm that:

* I am aware of the commitment and role required of me, should I be appointed a Member.
* I am committed to always acting in the best interests of the AI World Council.
* I am not disqualified from being a member.

I understand that my nomination may be subject to meeting with a selection panel who will discuss with me the requirements of the role and my suitability for nomination.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Details of Applicant**

All applicants are requested to provide the following information:

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| ***Full Name:*** |
| ***Current Role:*** |

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| ***Brief Overview of career history – OR LinkedIn Profile link*** |
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| ***Personal Statement: Please provide a personal statement outlining your interest in the assessment, education, and technology sectors and why you would like to become a Director of EAAL and what you feel you can contribute to the board.***  *a maximum of 500 words. (continue on a separate sheet if necessary)* |
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| ***Member Skills:*** *Please indicate in the Table below your level of knowledge in the list of Skills identified by the Board as important to ensure a diverse level of expertise and experience* |

|  |  |
| --- | --- |
| **Skill Category** | **Insert a Number that reflects your skill / expertise** |
| Strategic Planning |  |
| Assessment Technology Expertise |  |
| Industry Partnerships & Collaboration |  |
| Conference & Awards Experience |  |
| Risk Management |  |
| Governance & Compliance |  |
| Educational & Assessment Policy |  |
| Finance Oversight |  |
| Marketing, PR & Branding |  |
| Digital & Social Media |  |
| Advocacy |  |
| Legal & Ethical Expertise |  |

**3 = Significant knowledge and expertise**

**2 = Some knowledge or expertise**

**1 = Interested in learning more**

**0 = No knowledge or experience**

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| ***Names & Contact Details for Two Personal Referees who can be contacted by the Nominations Committee*** |

|  |  |
| --- | --- |
| ***Referee 1.*** |  |
| ***Referee 2.*** |  |

***-ENDS-***