**BOARD NOMINATION FORM**

# DETAILS OF NOMINEE

|  |  |
| --- | --- |
| Name |  |
| Place of employment/affiliation |  |
| Position(s) held |  |
| Address (including country) |  |
| Phone |  |
| Email |  |

# BIOGRAPHY of NOMINEE

Please provide a brief summary of the nominee’s background and experience and how this will be of benefit to ISA’s [mission](https://www.stillbirthalliance.org/strategy/).

|  |
| --- |
|  |

*(text box will expand as you type)*

# NOMINEE STATEMENT

ISA board membership requires a substantial time commitment. Please have the nominee review the [ISA board roles and responsibilities](https://www.stillbirthalliance.org/wp-content/uploads/2020/12/ISA-board-member-roles-responsibilities-2020.pdf) to ensure they would be able to make the required commitment. Please include below a brief statement from the nominee explaining why they are interested in volunteering for the ISA board, specifically addressing their ability to meet these ISA board membership requirements, and briefly discussing any challenges they anticipate in meeting these requirements.

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|  |

*(text box will expand as you type)*

# NOMINATING ORGANISATION OR INDIVIDUAL

Only ISA members in good standing (with up-to-date registrations and fees paid, if relevant) are eligible to nominate someone to the ISA board. If you are unsure whether your membership is up to date, please contact our program coordinator to enquire ([progcoord@stillbirthalliance.org](mailto:progcoord@stillbirthalliance.org)). Members may nominate themselves.

**If nomination is by an organization:**

|  |  |
| --- | --- |
| Name of ISA member organization that is nominating this individual |  |
| Member ID# |  |
| Name of individual within the nominating organization who has proposed the nomination |  |
| Their signature |  |
| Position within this organization |  |

**If nomination is by an individual:**

|  |  |
| --- | --- |
| Name of ISA member who is nominating this individual |  |
| Member ID# |  |
| Their signature |  |

# SECONDING OF NOMINATION

Seconded by (name):

Signature:

# ENDORSEMENT

According to ISA Bylaws, if the nominee belongs to an ISA member organization, they must also be endorsed by that organization.

|  |  |
| --- | --- |
| Does the nominee belong to, work for, or volunteer for an ISA member organization? |  |
| If yes: | |
| ISA member organization name |  |
| Member ID # |  |
| Role of nominee within this organization |  |
| Does this organization endorse the nominee? |  |
| Name of endorser |  |
| Endorser’s position within the organization |  |
| Signature |  |

# ACCEPTANCE OF NOMINATION

The nominee hereby accepts their nomination for election to the ISA Board.

|  |  |
| --- | --- |
| Nominee’s signature |  |
| Date |  |

|  |
| --- |
| ***Please email this completed form with the nominee’s Curriculum Vitae or resume to:*** [***alexander.heazell@manchester.ac.uk***](mailto:alexander.heazell@manchester.ac.uk) ***by 22 January 2021.***  ***Please ensure that email Subject states “ISA Board Nomination 2021” with name of nominee.***  ***Thank you for your interest in the ISA Board!*** |