**IUPSYS WORK GROUP NOMINATION FORM**

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| **NATIONAL, REGIONAL, AFFILIATE MEMBER SECTION** |
| **NAME OF AUTHORISED NOMINATOR:**Person authorised to submit nominations by the National Member |  |
| **Authorised Nominator’s Position:** |  |
| **Authorised Nominator’s Address:** |  |
| **Authorised Nominator’s Email Address:** |  |

**Nominator’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NOMINEE SECTION** |
| **IUPsyS Work Group:**  |  |
| **Name of Nominee:** |  |
| **Nominee’s Address:** |  |
| **Nominee’s Email Address:** |  |

**The nominee must read and sign the following statement:**

*I agree to be nominated for the position specified and to serve if elected. I declare I have no competing interests, and, if elected, I commit to serve IUPsyS to the best of my ability, and according to IUPsyS Statutes and Rules of Procedure and Conflict of Interest Policy.*

**Nominee’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_



This Nomination must be accompanied by the following supporting documents (check each one that is included):

* Nomination form from the nominating IUPsyS National, Regional, or Affiliate Member.
* A cover letter by the Nominee (not exceeding one page) addressing their specific experiences and skills relevant to the position and motivation to serve on the Work Group.
* A one-page curriculum vitae of the Nominee.



Nominations are to be submitted in a single email message to Ashley Van Heerden, IUPsyS Administrative Officer (admin.officer@iupsys.org), by **February 02, 2024**. Please submit all documents for each nomination in a single email message. All enquiries about nominations should be directed to the IUPsyS Secretariat (secretariat@iupsys.org).