**NOMINATION FOR THE FOLLOWING BUREAU POSITION(S)**

(tick one or several boxes)

|  |  |  |
| --- | --- | --- |
| **Bureau Position(s) currently opened:** | **Nomination possible by** | **Number of positions** |
| **Member organisations** | **Members of BPP** | **Members of BPS** | **Members of FIP*Ed*** |
| [ ]  FIP Scientific Secretary | x |  | x |  | 1 |

Please refer to the Council rules of procedures on elections (adopted at the last FIP Council meeting), completed by the FIP Bureau Rules of Procedures on elections.

**WHO IS SUBMITTING THIS NOMINATION (PROPOSER)?**

|  |  |
| --- | --- |
| Title: | [ ]  Mr [ ]  Ms [ ]  Dr [ ]  Prof.  |
| First Name(s): |       |
| Family Name: |       |
| Relationship to FIP | The proposer is:[ ]  Legally representing an FIP member organisation; please specify which one:      A member of the [ ]  BPP, [ ]  BPS, [ ]  FIP*Ed*[ ]  Other: please specify:       |
| Address: |       |
| Zip Code: |       | City: |       |
| Country: |       |
| E-mail: |       |
| Telephone |       |

**WHO IS THE NOMINEE?**

|  |  |
| --- | --- |
| Title: | [ ]  Mr [ ]  Ms [ ]  Dr [ ]  Prof.  |
| First Name(s): |       |
| Family Name: |       |
| Date of Birth: |       (dd-mm-yyyyy) |
| Street Address: |       |
| Zip Code: |       | City: |       |
| Country: |       |
| E-mail: |       |
| Telephone: |       |
| Is the nominee an individual member of FIP | [ ]  Yes; please specify the membership number:      [ ]  No |
| Qualification(s) | The nominee is:[ ]  Licensed to practice as a pharmacist[ ]  A pharmaceutical scientist[ ]  Other, please specify:       |

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| CV of the nominee:  |
|       |

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| A statement from the candidate in which he or she explains the benefit that election will bring to the Bureau and to FIP in general |
|       |

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| **Don’t forget to attach a picture of the nominee to this nomination** |