**REGIONAL COMMITTEE ELECTION, 2016**

15th European Regional Conference, WAGGGS

17 – 22 June 2016, Norway

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| Regional Committee Nomination Form |

The nominating Member Organization completes **Part A**.

The nominee completes **Part B**.

If the nominee is not being nominated by her own Member Organization, then **part C** must be completed by her own Member Organization.

Please return all three parts of this form (Part A, B & C) to Catherine Roberts, Director of Governance, WAGGGS ([catherine@wagggsworld.org](mailto:catherine@wagggsworld.org) , no later than **23rd December 2015**. If sent by post, the envelope should be marked “CONFIDENTIAL - NOMINATIONS”.

Please attach a recent photo (portrait photo in either JPEG or TIF format). You may also send us a printed photo. Your photo will be used as part of the election process.

**PART A**

To be completed by the nominating Member Organization

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| Name of Nominee: |

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| --- | --- | --- |
| Name of Proposer: |  | |
| Proposer’s Member Organization: |  | |
| Position held in Member Organization: |  | |
| Member Organisation reference:  Please provide three reasons why you believe that the nominee would make a strong committee member, one of which should include a key project or piece of work which has helped your MO to progress.  1.  2.  3. | | |
| Signed: (electronic signature/scan is acceptable) |  | Date: |

**PART B**

To be completed by the nominee

*(Please type or use CAPITAL letters)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: |  | | | |
| First names (in full): |  | | | |
| Title (Miss, Mrs, Ms, Dr etc): |  | | | |
| Address for correspondence: |  | | | |
| Home Tel N°: |  | Work Tel N°: |  | |
| Fax N°: |  | Mobile Tel N°: |  | |
| Home email address: |  | | | |
| Work email address: |  | | | |
| Date of birth: |  | Nationality: |  | |
| I, | | | (name of nominee) | |
| **accept** the nomination to the Regional Committee.  *In doing so,*  *• I agree to participate in a telephone interview with a member(s) of the Nominations Sub-Group in January 2016*  *• I agree that a professional reference may be sought to support my application.*  *• I accept the principles of WAGGGS as shown in the Constitution and its values.*  *• I give permission, in accordance with the UK 1998 Data Protection Act, for WAGGGS to process my personal data for the purposes of my application for nomination. This information can be stored in both manual or computer form, including the data in section 2 of the Data Protection Act 1998.*  *• I confirm that the information on this form and any attachments is correct and complete.* | | | | |
| Name and email address of referee (professional context): | | | | |
| Signed: (electronic signature/scan is acceptable) | | | |
| Date: | | | |
| Member Organization: (if applicable) | | | |
| Component Association: (where applicable) | | | |

**Personal Statement**

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| Please indicate, in two hundred words or less, why you would like to become a member of the Regional Committee, and how you feel you can contribute to the work of WAGGGS. |

**Voluntary and professional appointments**

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| **Present positions (please give dates):** | |
| Member Organization |  |
| World Association of Girl Guides and Girl Scouts  (at regional and global level) |  |
| Other voluntary positions |  |
| Professional/business appointments |  |
| **Previous positions (please give dates):** | |
| Member Organization |  |
| World Association of Girl Guides and Girl Scouts  (at regional and global level) |  |
| Other voluntary positions in other organizations |  |
| Professional/business appointments |  |

**Participation in WAGGGS events**

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**Skills and experience**

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| Please indicate the level of expertise you have in the following areas, giving specific examples of your experience in applicable areas. Example is shown.  Please use **0** if no expertise, **L** = low, **M** = medium, **H** = high and **P** = professional |

| **Area of expertise** | **Skill level** | **Experience** | **Examples** |
| --- | --- | --- | --- |
| *Examples:*  *Financial Management*  *Strategic thinking*  *Fund Development* | *P*  *M*  *L* | *Financial Director of family owned company*  *National Board member*  *Have raised funds for my local area* | *Qualified accountant*  *Planning annual budget for company with turnover $500k*  *Managing investments of £1m with professional advisors*  *Contributed to strategic plan of Association, sessions led by outside consultant*  *Practical events such as cake sales* |
| Financial Management and Oversight |  |  |  |
| Fund development |  |  |  |
| International/External partnerships |  |  |  |
| Legal expertise |  |  |  |
| Governance/Trustee experience in a voluntary organization/NGO/INGO |  |  |  |
| Involvement of girls and young women in decision making |  |  |  |
| Marketing and brand promotion |  |  |  |
| Development of Girl Guiding/Girl Scouting – successful delivery of projects in own country or internationally |  |  |  |
| Strategic planning and visioning |  |  |  |
| Leadership skills, proven in an intercultural environment |  |  |  |
| Non-formal education |  |  |  |
| Information technology |  |  |  |
| Public speaking/facilitation/ presentation skills |  |  |  |
| International/global /cross cultural context |  |  |  |
| Collaborative working as part of a team of volunteers and professional staff |  |  |  |
| Knowledge of politics and economics of the Region |  |  |  |
| **Please list below any additional skills or expertise that you feel would benefit WAGGGS** | | | |

**Language Skills**

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| --- | --- | --- | --- |
| The ability to use English as a working language is a requirement for World Board members, therefore is required for future Regional Chairs. It is also essential to understand written English.  Please indicate your language skills using the following key:  **1**: mother tongue; **2**: fluent; **3**: intermediate; **4**: elementary/basic | | | |
| **Language** | **Written** | **Speaking** | **Understanding** |
| English |  |  |  |
| Spanish |  |  |  |
| French |  |  |  |
| Arabic |  |  |  |
| Others…. |  |  |  |

**Information Technology**

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| Regional Committee members communicate by email and Skype throughout the year.  Do you currently have regular access to the internet?Yes  / No  Would you be able to respond promptly to electronic communication?Yes  / No |

**PART C**

To be completed by the nominee’s own Member Organization

*(if they did not nominate her)*

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| Request for Clearance of Nomination  This form is only to be completed if the nominee is NOT  a member of your own Member Organization |

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| To: *(Name of Member Organization)* |

The following member of your Member Organization has been nominated for election to the Regional Committee, in June 2016.

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| Name:  Address:  Nominated by: |

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| (insert name of Member Organization)  gives/does not give\* their consent for:  (insert name of nominee)  to serve on the Regional Committee if elected by the European Regional Conference in June 2016. |

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| Name: *(please print)*  Position in Member Organization:  Signed: Date: |

**Please return your completed form to the nominee, as soon as possible.**

*Thank you for your cooperation*

\* Please delete accordingly