**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** |