IACRN Nominations Committee

Application Shortlisting Template

|  |  |
| --- | --- |
| **Name of Applicant** |  |
| Position applied for |  |

|  |  |
| --- | --- |
| *If the answer to any of the following three questions are* ***‘No’*** *– the applicant may (after discussion with Board) be ineligible to proceed.* | |
| 1. IACRN Member? | Yes / No |
| 1. Nurse? | Yes / No |
| 1. Is application form completed correctly? | Yes / No |

|  |  |
| --- | --- |
| Good supporting statement? |  |
| Detailed CV / Biosketch? |  |
| Skills / experience relevant to post?  (e.g. Finance / budgetary experience or qualification for Treasurer-Elect) |  |
| 2 letters of recommendation included in application? (one should be from current employer) |  |
| Did applicant make contact with nominations committee or officer serving in the forthcoming vacant role? |  |
| Other comments |  |
| Recommend to Board? |  |
| Form Completed by |  |
| Date Completed |  |
| Date Discussed with Committee Members |  |