

**Board of Directors (BoD) - APPLICATION FORM**

To be completed and sent to [info@efpa.lu](mailto:info@efpa.lu)

*To be signed by the applicant or an organisation's representative directly or indirectly managing and supervising the applicant (when applicable).*

**I, the undersigned**

First name and last name:

Position in the organisation:

Email address:

Phone number:

**representing the following organisation:**

Organisation's name and address:

Type of organisation and sector of activity:

**proposes the application of:**

First name and last name:

Position in the organisation:

Email address:

Phone number:

**As a member of the EFPA Luxembourg Board of Directors (BoD)**

### **Profile of the Applicant**

*Please briefly describe the current responsibilities of the applicant, the relevant links (current role, background, past experiences) to the topic(s) of science, and how he/she could contribute to the SAB's objectives and mission.*

*Note: do not exceed one-page extension*

**I have read the Terms of Reference of the €FPA Luxembourg Board of Directors (BoD) and confirm that the applicant's profile is in line with the BoD's objectives, as outlined in the above section "Profile of the Applicant".**

**I undertake that the applicant will have the time and mandate to actively participate in the work of the Board and contribute to its objectives.**

**I agree that some pictures of the proposed applicant might be taken during the Board meetings, and I agree that the applicant's name and organisation's name will be published on the €FPA Luxembourg website.**

Yours sincerely,

Date and location :

Signature of the organisation's representative, when applicable

Date and location :

Signature of the applicant

Please send your form at [info@efpa.lu](mailto:info@efpa.lu).