

**IAP for Health ‘Young Physician Leaders’ Programme 2017**

*“The Leadership Training Programme & Network for Young Physicians”*

**NOMINATION FORM 2017**

CANDIDATE		
Title (Prof/Dr. etc):	SURNAME (FAMILY NAME):	Name:
Date of birth: (Day/Month/Year)		Sex:
Current institution address		Tel:
		Fax:
		Email:
Field of specialization:		
<p><b>Academic qualifications:</b> please provide university attended, type of degree obtained (BSc, PhD, MD. etc) and date. Please also give location and dates of any fellowships and/ residencies.</p>		
Current employment and nature of responsibilities:		
Reasons for the nomination ( <i>max. 200 words and based on requested criteria</i> ):		

Provide example of the candidate’s leadership skills in professional, personal or volunteer activities ( <i>no more than 200 words</i> ):
Provide evidence of active engagement in an issue of concern to the “wider society” ( <i>no more than 200 words</i> ):
Local costs (accommodation, meals and WHS registration) will be covered by the organizers for successful candidates. Nominating organizations from high-income countries are expected to provide some travel support for their nominees. Partial financial support may be available for candidates from low- and middle-income countries.
Will the candidate require partial travel support from IAP for Health?
<b>NOMINATOR</b>
Candidate nominated by:
InterAcademy Partnership member academy/M8 Alliance member:
Position of nominator in InterAcademy Partnership member academy/M8 Alliance member:
Email address:

**Additional supporting documents required:**

- ❖ CV (no longer than 4 pages) and list of publications
- ❖ Letter of Recommendation from President/Nominator of IAP member academy/M8 organization