**IAP for Health ‘Young Physician Leaders’ Programme 2018**

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

**12 – 16 October, Berlin Germany**

**NOMINATION FORM 2018**

**Deadline for receipt of nomination form 4 July 2018**

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| **CANDIDATE** |  |  |
| Title (Prof/Dr. etc): | SURNAME (FAMILY NAME): | Name: |
| Date of birth: (**Day/Month/Year)** | Gender: |
| Address/Affiliation: |
| Address line 1: | Address Line 2: |
| City : | Province : |
| Postal/Zip Code: | Country:  | Tel: |
|  | Fax: |
|  | Email: |
| Field of specialization: |
| **Academic qualifications**: 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. |
| Current employment and nature of responsibilities: |

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| --- |
| Reasons for the nomination (*max. 200 words and based on requested criteria*): |
| Provide example of the candidate’s leadership skills in professional, personal or volunteer activities (*no more than 200 words*):  |
| Provide evidence of active engagement in an issue of concern to the “wider society”. (*no more than 200 words*): |
| 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? (Yes/No) |
| **NOMINATOR** |
| Candidate nominated by: |
| InterAcademy Partnership member academy/M8 Alliance member: |
| Position of nominator in InterAcademy Partnership member academy/M8 Alliance member: |
| Email address of Nominator: |

**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
* List of Publications

**Deadline for receipt of nomination form by email as a WORD attachment**

Please send completed form with attachments to **suraya@akademisains.gov.my**

**4 July 2018 (Wednesday)**

**IAP for Health Secretariat**

**Contact:** Ms. Muthoni Kareithi,

Tel: + 39 040 2240 681

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