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**ELECTIONS**

**International Executive Committee 2021-2025**

**President of the International Bureau for Epilepsy**

Important Notes

* This form should be completed with reference to the IBE Election Procedures, as documented in Bye-Law III of the IBE Constitution & Bye-Laws.
* Before completing this form, please also read the Election Guidance Notes carefully.
* Candidates can be proposed by any Chapter with voting rights of the IBE and seconded by any other Chapter with voting rights.
* Candidates must be either a subscribing member of an IBE Chapter or an employed staff member of an IBE Chapter or must be a member or employed staff of an official affiliate of an IBE Chapter with voting rights.
* Candidates must have their candidacy endorsed by the Chapter to which they belong or by which they are employed or by the Chapter to which they are otherwise affiliated.
* All candidates shall not otherwise be knowingly disqualified from serving as a member of the International Executive Committee as determined by the IBE’s terms of incorporation. The candidate’s endorsement of the nomination form shall indicate their willingness and eligibility to stand for election and serve on the International Executive Committee.
* The nominating Chapter may complete the form in its entirety, but only with the prior approval of all parties involved.
* Nomination Forms do not have to include an original (hand written) signature. This is to facilitate electronic transmission of forms. As necessary, IBE will contact the Nominating Chapter, Seconding Chapter, or Nominated Candidate for any confirmation required.
* All fields on the Nomination Form MUST be completed.
* No nominations received after the closing date of 4th October 2020 will be considered.
* The election statement of the Candidate, together with a portrait photo in a format suitable for printing, must be submitted either together with the nomination for or, in any event, before the closing date for nominations i.e. 4th October 2020. The statement will be published by the IBE and circulated to all eligible voters, provided that this is received at the IBE’s office on or before 4th October 2020 and provided that it complies with the conditions outlined below:
  + The statement should not exceed 750 words and can include, for example, any of the following references with whatever emphasis: -
    - Personal background – life history, home, work, personal achievements…
    - Activities with or on behalf of the IBE and/or epilepsy.
    - Reasons for interest in epilepsy.
    - Reasons for wishing to be elected.
    - Issues of particular concern - about epilepsy, about the IBE.
    - Qualifications, skills and experience.
  + The statement should not include any of the following: -
    - Reference to any of the other candidates.
    - Statements or references of a libelous or defamatory nature.
    - Content, which would in any other way, be in breach of any law.
    - Content, which serves to bring the IBE into public disrepute.
* The elected candidate will be the one who receives the most votes.

**NOMINATION FORM**

**President of the International Bureau for Epilepsy 2021-2025**

|  |  |
| --- | --- |
| **We, the undersigned, hereby nominate:**  **(***please insert the name of your candidate below***)** | |
|  | |
| **to stand for election as President of the International Bureau for Epilepsy** | |
| **1. Proposed by:** | |
| Name of IBE Chapter |  |
| Name of Authorised Signatory |  |
| Title/Position within association |  |
| Email Address |  |
| Date |  |
| **2. Seconded by:** | |
| Name of IBE Chapter |  |
| Name of Authorised Signatory |  |
| Title/Position within association |  |
| Email Address |  |
| Date |  |
| **3. Full Member Confirmation** | |
| We confirm that the person nominated on this form is either a subscribing member of our organisation, is an employee of our organisation or is a subscribing member or employee of one of our official affiliates. | |
| Name of IBE Chapter |  |
| Name of Authorised Signatory |  |
| Title/Position within association |  |
| Email Address |  |
| Date |  |
| **4. Candidate’s Confirmation** | |
| I confirm that I am willing and eligible to stand for election and serve as a member of the International Executive Committee of IBE. | |
| Name of Candidate |  |
| Email Address |  |
| Date |  |

Please note that all nominations must be received at the IBE office:

International Bureau for Epilepsy, Office 208, Nesta Business Centre, 4-5 Burton Hall Road, Sandyford, Dublin D18 A094, Ireland. **Email: annlittle@ibe-epilepsy.org**

Forms must be received by the closing date of 4th October 2020